MEDICAL COLLEGE OF GEORGIA

TODAY

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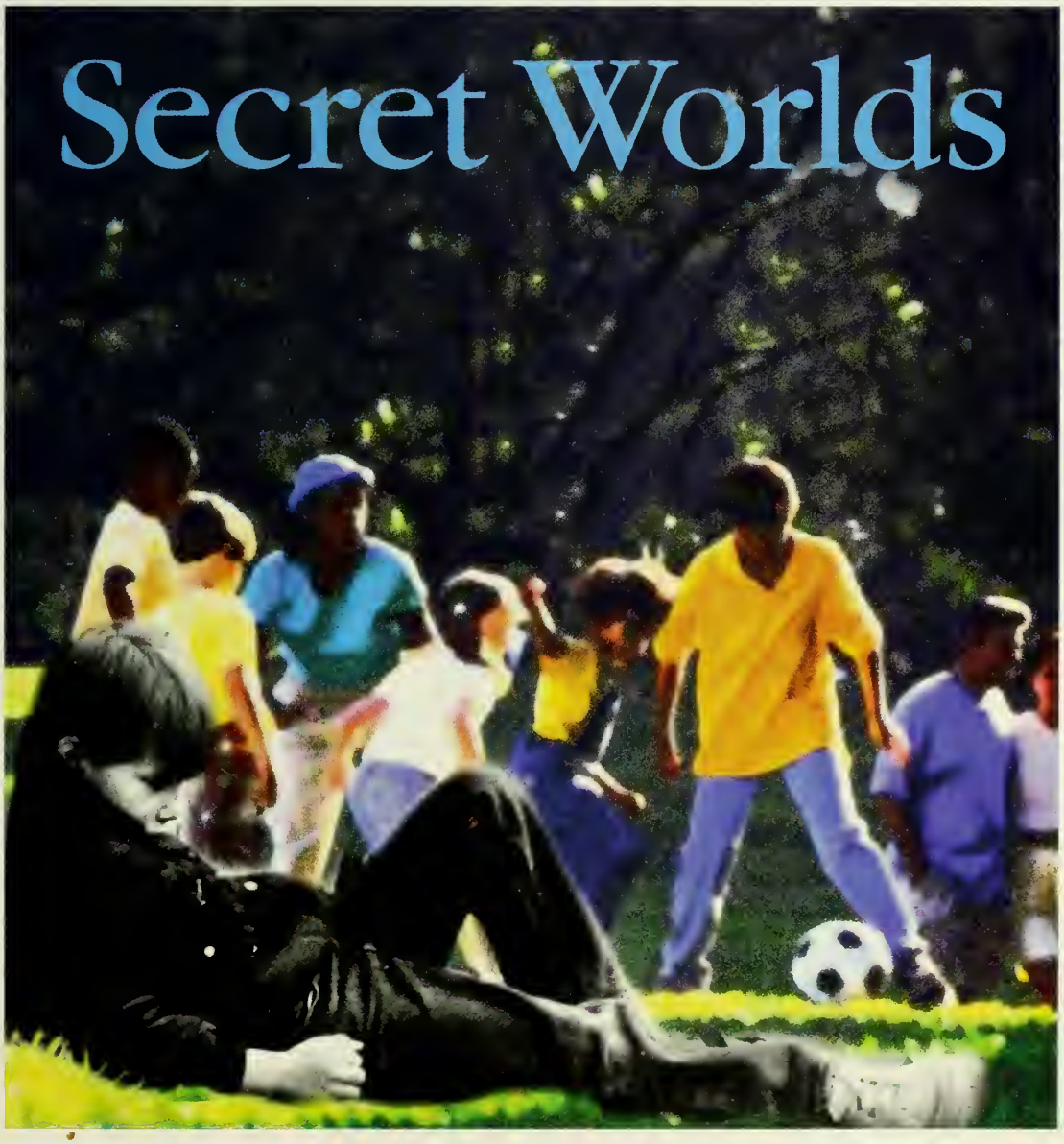
Secret Worlds



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Few things are more impenetrable than the minds of those with autism. This devastating brain disorder can bar its victims from the real world as effectively as prison bars. But MCG researchers are learning more every day about the brain distinctions of those with autism—information that may one day lead to better treatments or even cures. The latest in this research is featured in this edition of *Medical College of Georgia Today*, along with the poignant story of a family affected twice over by autism.

We also introduce you to two MCG students, both of whose personal experiences with disease have added new dimensions to their dedication as future health care professionals.

This edition also includes an update on the Office of Biomedical Technology Transfer, MCG's engine to transport laboratory findings into the marketplace. We think you'll be fascinated by MCG's growing role in optimizing not only the medical but the economic well-being of the community and state.

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AT A GLANCE

Blinding Assault

The immune system's assault on a corneal infection can do more harm than good, according to a researcher who wants to identify what triggers the immune response and stop it.

The durable cornea, the transparent outer layer of the eye, collects light for the lens to focus and shields the eye from damage such as trauma and infections. But unchecked corneal damage may trigger an immune response, compromising vision as immune system cells move in and inflammation sets in to help remove the invader, destroying tissue in the process.

"When bacteria get in, they may trigger a domino reaction until there is inflammation and scar formation," said Dr. Fu-Shin X. Yu, a Medical College of Georgia cell biologist. "And once that inflammation has started, there is almost nothing you can do to stop it." The resulting scars, a natural part of the healing process, disrupt orderly collagen fibers so that light can no longer penetrate and vision is lost. Once the damage is done, "you have almost no solution except corneal transplantation," Dr. Yu said.

Dr. Fu-Shin X. Yu

"We are trying to find out how infection or the presence of bacteria trigger pro-inflammatory cytokines and things that interfere with that signal," he said. His group has developed an organ culture model, testing reagents known to block signaling pathways for efficacy in blocking the release of these pro-inflammatory cytokines.

Dr. Yu first compromises the surface of the corneal model as an injury or contact lens might. He then infects the model with bacteria, treats it with topical antibiotics, then tries to block the immune system response.

He believes the response occurs when a receptor on the surface of the epithelium cell recognizes bacteria that trigger the release of cytokines, which rally the immune system and set in motion the potential for blindness within a short time period. His study model also may one day provide an alternative to animal testing for all sorts of products that might impact the eyes, including cosmetics, shampoos and cleaning chemicals. "Our hope is that our model some day can be used to replace or reduce animal [eye] testing."

Countering Chemical Warfare

A device that could detect the earliest signs of exposure to deadly chemical warfare agents is being developed by researchers in Augusta and Boston.

The earliest sign of exposure to agents such as sarin and soman are the seemingly innocuous contractions of small groups of muscles, like an eye twitch, the researchers says. They are pooling their

knowledge about central nervous system toxins and the electromyogram, or EMG, that records the electrical activity of muscles, to develop an early-detection device that may one day be worn by soldiers and rescue workers at risk. It may also benefit those who work around insecticides, less lethal versions of these compounds called organophosphates.

"Chemical warfare agents kill by disrupting normal communication between nerves and muscles so that muscles can no longer relax," said Dr. Jerry J. Buccafusco, a Medical College of Georgia pharmacologist. The agents inhibit cholinesterase, an enzyme that breaks down acetylcholine, a key neurotransmitter involved in learning, memory and neuromuscular activity.

At the earliest symptom of exposure to deadly chemicals, victims might still be saved. Dr. Buccafusco and Dr. Carlo De Luca, a biomedical engineer at Boston University, want to maximize that chance.

"We believe we will see changes in the EMG signal that will indicate organophosphates in the body before they begin to do serious damage," Dr. De Luca said. The research is funded by a National Institutes of Health Small Business Innovation Research Award.

Dr. Buccafusco's tests using animal models show the EMG can detect superficial muscle twitches before secondary, cold-like symptoms set in. Included in the detection device is a tracking system so that soldiers or others using the device could be rapidly found and treated.

"If I can help a soldier survive or help a farmer in the fields," Dr. Buccafusco said, "it's great."

To Russia with Technology

Department of Surgery Chairman Thomas R. Gadacz has been a pioneer in the field of finding the least invasive approach to surgery.

But his most recent ventures have taken him to ground previously unknown: the secret, nuclear city of Sarov, Russia, where barbed wire and guards have kept visitors out and citizens in since the city's inception in the 1940s.

Dr. Gadacz, scrub nurse Barbara Tyler and Dr. Max Stachura, director of the MCG Telemedicine Center, were among the earliest visitors to this city of 84,000, helping its residents forge a new direction in the post-Cold War era.

They are working with the Savannah River Site through the Department of Energy's Nuclear Cities Initiative to help Sarov bolster its health care system—and ideally its business infrastructure by creating jobs for its weapons scientists and engineers—with technology and approaches that are novel in these secret cities and commonplace in the United States.

Russian surgeons G. Ivanov and A. Kozyrin with Dr. Thomas R. Gadacz

Dr. Stachura and John Peifer, director of the Biomedical Interactive Technology Center at the Georgia Institute of Technology, assembled a customized telemedicine system for the city. The system has features such as hand-held video cameras, laptop computers and video cassette recorders so that, for instance, a nurse at a remote area can record a patient examination. A physician can watch it later and determine whether the patient needs referral to a specialist.

Dr. Gadacz helped assemble the equipment necessary to establish the Laparoscopic Center at the Medical Center of Sarov, enabling minimally invasive surgery. His next step is to bring his Russian colleagues to his turf, where he can help them further develop their laparoscopic skills.

Pedal Pushers

Dr. Mike Miller loves the peacefulness of a solitary bike ride, leisurely navigating the winding country roads near his North Augusta home. He also loves the comradery of biking with a group, pushing himself to keep up with faster riders or hanging back to cheer on stragglers. He even bikes to work in nice weather, combining fresh air and exercise with energy-efficient practicality.

But he loves his hobby most of all when he uses it to help students.

Dr. Miller, associate vice president for academic and student affairs at the Medical College of Georgia, helped create the Tour de Floss, a cycling fund-raiser for the Georgia Dental Education Foundation, four years ago. The foundation was created in 1985 by the Georgia Dental Association, which allocated $50,000 as seed money. Since then, the foundation has provided more than $250,000 for student scholarships. Dr. Miller, president-elect of the foundation, has served on its board since 1991.

"About 50 percent of the money comes to MCG students," said Dr. Miller, who was director of student admissions and academic support in the School of Dentistry before assuming his campuswide duties last year.

For the last three years, the Tour de Floss has raised funds through the Bike Ride Across Georgia. This year's fund raiser—Tour de Floss IV—will be held in conjunction with the annual Assault on Mt. Mitchell May 18. MCG team members are Dr. Miller and dental students Ronnie Barth, Brian Linton and Matt Kormylo. The 100-mile ride will begin in Spartanburg, S.C., and end at the top of Mt. Mitchell in North Carolina. "The ride has 11,000 feet of vertical climb," Dr. Miller said. "It's considered one of the 10 most challenging century rides in the Southeast, if not the country."

Donations can be mailed to the Georgia Dental Education Foundation business manager at P.O. Box 2186, Tucker, Georgia, 30085-2186. Checks should be made payable to GDEF Tour de Floss 2002. All contributions are tax-deductible.

LETTERS TO THE EDITOR

We particularly enjoyed your article about Matt and Kevin Howard in the winter edition of *MCG Today*. My wife was surprised to see pictures of her cousins, uncle and great-grandfather; she is not only married to an MCG graduate, but related to others. We are so glad that Kevin has made something positive out of his father's tragic illness. The article was outstanding. We wish space had permitted more about Matt's courage under fire in Viet Nam above and beyond the call of duty that led both to his wounds and his medals. His father also had harrowing experiences as a physician on the Okinawa beaches.

One interesting story about Matt is that due to his wounds, the word came back to MCG that he had died in Viet Nam. Imagine the surprise of his colleagues later as they met him in the hall at ETMH when he began his residency.

Dr. Kenneth Reynolds (School of Medicine, 1961) and **Lucy Howard Reynolds**
Crested Butte, Colorado

Thanks so much for the article I've just read about Dr. Matthew Howard's son, Kevin. Dr. Howard was my three children's pediatrician and all of Kevin's adulation and praise of his father's devoted, caring professional life I can confirm as being real to his patients as well. Please, if it's possible, pass along to Kevin my admiration for his father and for his own choice to enter the medical field.

Carol DeLoach

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Hard-Wired

Dr. Manuel F. Casanova

Toni Baker

Autistic individuals have a fundamental structural difference in the alignment and wiring of their brain cells, a difference that explains their proclivity to live in their own world, according to researchers.

"The fundamental structure by which they think and process information is different," said Dr. Manuel F. Casanova, neurologist and neuropathologist at the Medical College of Georgia and lead author of research findings published in the Feb. 12 issue of *Neurology*. The structural difference they have found would result in too much communication, too little inhibition and a tendency to shut out much of the world around them, the researchers said.

Dr. Casanova's research team examined the brain tissue of nine autistic people with a mean age of 12 and found to their surprise that not only do they have smaller minicolumns—a basic organizational unit of 80 to 100 brain cells and their connective wiring—they have more of them. The team reproduced its findings using a different method of microscopic analysis before submitting them for publication.

"We believe that we have uncovered a major source of pathology that has been untouched before because no one looked at minicolumns," Dr. Casanova said. "I pray we are correct because this is standing on the verge of something

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that could be very important to many people."

The team previously published studies indicating that microscopic differences in the minicolumns of man and non-human primates help explain man's capacity for complex communication. They also postulated that differences in the minicolumns might hold clues to conditions such as autism and schizophrenia in which communication is dramatically impacted.

"Intelligence is not the property of single cells, it's in the circuitry," Dr. Casanova said, referring to the minicolumns where cells take in information, process it and respond.

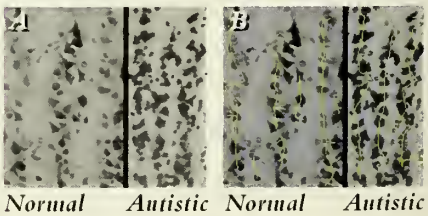
Despite the general observation that autistic individuals tend to have unusually large brains, the researchers found throughout those brains smaller units of circuitry and many more of them. Everyone has millions of minicolumns, yet their presence cannot be detected grossly with even the most sophisticated brain-imaging equipment. A microscope is needed to detect the structures that are about 40-millionth of a meter in diameter (a meter is 39.37 inches).

In autistic individuals, often described as non-communicative and self-centered, these microscopic structures are even tinier and more numerous, so the individuals are bombarded with environmental stimulation. "Even the flickering of a fluorescent light can interfere with an autistic person's concentration," Dr. Casanova said.

Computer modeling of their tiny minicolumns indicates excess cell-signaling along with too little inhibition, he said, noting that about one-third of people with autism also develop seizures, another condition in which signaling and inhibition are out of balance. In fact, case reports have shown that anti-seizure medications—which limit the flood of signals reaching the brain—have reduced the autistic symptoms of those who also have epilepsy. Dr. Casanova theorizes that if inhibitory medications, such as anti-seizure medications, were given early enough to an autistic child, in the first few years of life while their brains are being hard-wired, they could help normalize the flow of stimulation reaching the minicolumns. The Augusta researchers already have begun studying the minicolumns of people with epilepsy to determine their pathology as well.

This peculiar pathology linked to autism begins during early development when germinal cells, which have great potential for developing into different types of cells, start dividing to form the brain's major component, the cortex. "In

A: Cortical section of healthy patient's brain (left) and autistic patient's (right). B: Same image with lines overlaid showing columnar structure



the cortex, the germinal cells continue to migrate. This provides for progressive layering of cells into minicolumns, almost like rainbow Jell-O," Dr. Casanova said. "So autism results from a defect during creation of the cortex."

But based on his group's research, Dr. Casanova suggests that these microscopic differences in cell organization may not be a defect at all but a step in brain evolution that enables people to truly focus on complex issues facing today's society, such as technology and science.

"Evolution is usually depicted as a ladder where one rung follows the next," he said. "It is really more of a bush with sideway branches or improvisations. Variation in the size and number of minicolumns may represent one such improvisation." Less than 1 percent of the population is autistic but the numbers have steadily increased since the 1940s when the first figures were gathered.

Co-authors on the *Neurology* article include Dr. Daniel P. Buxhoeveden, MCG research associate; Andrew E. Switala, computer programmer and mathematician; and Dr. Emil Roy, computer applications expert at the Augusta Department of Veterans Affairs Medical Center.

Brain tissue used in the study came from the Autism Research Foundation in Boston and funding was provided by grants from the Theodore and Vada Stanley Foundation and the VA Merit Review Board. "We are grateful to the Autism Research Foundation and to the families who donated brain tissue for study," Dr. Casanova said. "Without the generosity of both, this type of research would not be possible."

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Secret Worlds

Toni Baker

Becky Claffey was about 4 when she scraped her leg during a family outing. When she came home to wash off the day's fun in the tub, the bath water burned the new scratches a little.

The beautiful youngest daughter of Pete and Liz Claffey is 12 now and still refuses to sit in the tub. "Most children would have done that for a couple of days," her mother said. Becky does *some* things other children would. She will play in the pool all day; she loves the wind blowing through her hair and ribbons in her dark locks; she likes computers and videos.

Perhaps Becky (above, with mother) remembers that day in the tub not really *more* than other children would, but *differently.* She and brother Pete Jr. (right) are autistic, she often shutting out the world around her and he often overreacting to it.

At first the Claffeys' two youngest children just seemed to be good babies. But as a toddler, Becky didn't babble or respond when her parents talked. Liz and Pete were experienced parents with two older daughters, Katie and Jennifer, so they knew she should be interacting with them and thought, perhaps, she was deaf. Becky, like many children, had a lot of ear infections. The otolaryngologist put tubes in her ears and told her parents that children with older, talkative siblings often are reticent to start themselves.

From that day, the parents knew she could hear them, because Becky now often covered her ears as if to shut out the noise. Their experience with Becky helped them know that Pete Jr., born within a year of Becky, was autistic as well.

The diagnosis wasn't official until they were 4 and 5. The first term the parents heard was 'pervasive developmental disorder,' which "could be almost anything," Mrs. Claffey said. When the word 'autistic' was finally used, it meant little to her. "It's just not something you talk to your best friend about. It's not like you hear about polio or (multiple sclerosis) or Down syndrome. I was trying to think, 'Who else do I know who has a child with autism?' I knew of nobody. I didn't know what autism was."

My, how things change.

Now, she knows plenty about autism and has plenty of friends who know it, too. She dug for information back before the Internet made it easy, taking her children to experts, looking for answers not only to what was going on in their bodies and brains but how best to respond. The search has taken the family to several academic medical centers for pioneering studies of blood and genetics, to special schools and home therapy to vitamin regimens that Pete doesn't want to take. It's a lot to think about, never mind do. How long are the days?

"We spend a lot of time just trying to get vitamins down these kids," Mrs. Claffey said. Still she laughs easily and often, her voice calm and a distinct contrast to what her days must be like. "Becky is very sweet, very pretty," said Mrs. Claffey about her child who, if left alone, likely will stay that way, perhaps playing with her dolls or tapping out a cartoon title on the computer keyboard. "She can talk, but her language is very limited," her mother said. The Claffeys want to get her a device that will turn her typed words into spoken ones, hoping that will stimulate conversation. "If you say, 'How are you doing today, Becky?' she might say, 'How are you doing today, Becky?' It's the echolalia. Sometimes she will surprise you."

Recently, Becky's language teacher pointed to a hairbrush and Becky said, "Comb my hair."

"Out of the blue, she understands some things and sometimes will come out with something like that, but it's not all the time," her mother said. "It's real sporadic, real strange." Becky has a penchant for wandering as well. She and brother Pete Jr. are keenly aware of household subtleties such as a door locking. "We have bolts on the doors, combination locks on the gates," Mrs. Claffey said. But even the best efforts aren't 100 percent. She has literally turned her back for a moment and Becky has wandered off, often to visit a neighbor's dog. The Claffeys eventually got their own dog, but something still prompted Becky to visit the one up the street. It's often the first place the family looks when Becky wanders—after, of course, they have checked the closets and cabinets. Sometimes a police officer reaches Becky first. They know he is thinking, "What are you doing letting this child get out?" Mrs. Claffey remembers one of those officers helping her push a china cabinet in front of a tiny broken window, one so small she doesn't know how Becky got her *head* out of it, never mind the rest of her.

Pete Jr. doesn't wander as much and likes taking a family member, especially his dad, when he does. But he's generally more aggressive than his sister, sometimes pinching others or banging his chest. "Sometimes just the tone of voices in the house will get Pete riled up. He can come and pinch you because somebody else is crying," Mrs. Claffey said, guessing that the noise is bothering him and he doesn't have the communication skills to tell her any other way. "He's not very verbal," although he is becoming more so, his mother said.

She noted that whatever happens with 12-year-old Becky typically happens with 11-year-old Pete Jr. a couple of years later. For example, he now loves the computer, too, recently typing numbers 1 through 9 and the alphabet all the way up to the letter X. They fight, like any sister and brother, but the squabbles must be supervised to keep things from getting out of hand. The two might take turns turning a light switch or the television off and on until he gets mad and she gives in. Their encounters can be enough to ruin Pete

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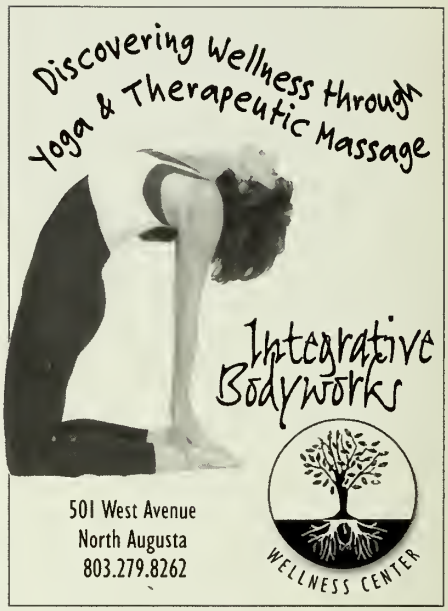

Jr.'s whole day, so even though the two go to the same school at the same time, they go with separate parents.

But the family has good times as well...when the children give their parents a hug and a kiss...when they gather for sister Katie's basketball games... when they enjoy the frenzied fun of being a family with teen-agers with a thousand places to be. Dad and Mom make time for themselves as well, spending an occasional weekend away, while their children are under the watchful, educated eye of a teacher who has become a good friend.

Mrs. Claffey doesn't worry much about her children's future; rather, she takes joy in the fact that things are going well for them right now and that she and her husband are preparing Becky and Pete Jr. as well as they can for life as adults. Another reality: It's hard to fit worrying into the family's busy daily lives.

This woman, to whom autism was once an unfamiliar term, today is aware of and pleased with the new knowledge and hope that each year brings. "It seems like every time we turn around, there is something new coming out, like this," she said, referring to Medical College of Georgia research *(see Hard-Wired, page 5)*. She believes this is a good time for her children to be and that, by the time they are adults, it will be better still.

Locking In Financial Security

The recent news about large bankruptcies, lost savings and a volatile, bearish market may have you concerned about your own financial future. As you consider strategies for securing adequate income to meet all of your needs and obligations, don't forget to evaluate a few charitable planned gifts. Give away assets when you're concerned about financial security? That's right, believe it or not. Several gift options can actually allow you to "lock in" and benefit from appreciation, escape capital gains tax, provide a guaranteed income to you and other beneficiaries for life, provide a current income tax deduction and benefit the Medical College of Georgia.

Two types of planned gifts provide all of these amazing benefits: Charitable Remainder Trusts and Charitable Gift Annuities.

Charitable Remainder Trusts

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There are two types of remainder trusts: annuity trusts and unitrusts. With an annuity trust, you negotiate a fixed dollar amount you want to receive every year, regardless of the actual income earned by the trust assets.

With a unitrust, you negotiate a fixed percentage of the fair market value of the trust assets—revalued annually—that is paid to you. The income you receive will vary according to the performance of the investments.

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A simple alternative, the gift annuity is contributed directly to the Medical College of Georgia Foundation Inc., which agrees to pay a guaranteed fixed income for your life. All assets of the Medical College of Georgia Foundation Inc. back this income—not just the principal of your gift. Like the remainder trusts, the gift annuity can be designed to pay an income for life to a single beneficiary or two. The gift annuity may be established at any age; however, the beneficiary must reach age 65 to begin receiving income from the annuity. The American Council of Charitable Gift Annuities determines the annual percentage rate for the income from a gift annuity. While you realize essentially the same capital gains and income tax benefits as with the remainder trust, a gift annuity provides an additional benefit: A portion of the income payments you receive will be income tax-free.

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The information in this article is not intended as legal advice. For legal advice, please consult an attorney. Tax laws are subject to change, which may affect statements in this publication.

TORCHBEARER

Christine Hurley Deriso

Tim McIlrath left his childhood behind when he moved with his newly separated mother and three siblings from California to Florida in 1991.

In California, he was a soccer star, an honor student, a light-hearted kid with a slew of friends. In Florida, he was pondering his mortality at age 13.

Soon after the move, Tim's grandmother noticed his left eye seemed to be bulging. The initial diagnosis was a lazy eye, apparently gone unnoticed all those years. Tim's mother, Buff McIlrath, was unconvinced; she *would* have noticed. She consulted Dr. Neil Shmunes, a 1981 graduate of the Medical College of Georgia and Jacksonville ophthalmologist, who sadly had to confirm Buff's suspicion of a much more acute problem: Tim had a tumor behind his eye, extending to his brain. Dr. Shmunes immediately referred Tim to his mentor, Dr. Malcolm Luxenberg, professor and chairman (now Chairman Emeritus) of the MCG Department of Ophthalmology. Tim needed surgery, and he needed it fast.

As the daunting ordeal unfolded—a blur, in retrospect—Tim stoically contemplated his death. His life had turned upside down virtually overnight, and kid stuff was already seeming like a distant memory. "At the time, I didn't know that people with tumors don't always die," says Tim. "I had always done well in school and was a decent athlete, but if I was dying, those things didn't count for a whole lot. I had to decide what was really important to me. I began appreciating my family a lot more and taking my relationship with God seriously. I don't think faith really becomes meaningful until you accept it for yourself. I began to recognize my need for God."

Buff's faith sustained her, as well. "I never really thought of the idea of losing him, but I had to be realistic," she says. "The way I looked at it was: What's the worst that could happen? Tim could die, and then he would be with Jesus, and that's the best that could happen."

But she had no intention of loosening her grip just yet. No stone would go unturned in saving her son's life.

Dr. Luxenberg would prove to be one of the family's fiercest allies. "Here was this boy who had his whole life ahead of him—maybe 60 or 70 years to

live," says Dr. Luxenberg. "I feel a tremendous amount of responsibility for every patient, but in the case of a child, you feel even more of a push." The surgery was painstaking. The tumor was intertwined with the optic nerve.

"It was a balance between getting rid of the tumor and salvaging what they could of my eyesight," Tim says.

Remarkably, both objectives were largely accomplished. Most of the tumor, determined to be benign, was excised and Tim retained much of the vision in the affected eye. "A part of the optic nerve was severed and I have [limited] peripheral vision in the left eye," he says.

Dr. Luxenberg was deeply impressed with the equanimity of his young patient. "Particularly considering the severity of his problem, I was struck by the very mature way he handled the situation," he says.

Tim would need all the maturity he could muster as his treatment progressed. Back home in Florida after the surgery, he began radiation treatment. The treatment left him partially bald, desperately fatigued and noticeably bloated by the steroids he needed when the radiation damaged his pituitary gland. "I ballooned up and had to drop out of sports," Tim says. "I'd go to school for a few hours, then have radiation, go home and crash."

Buff's heart broke for her son. "He had to go through a lot," she recalls. "He was the new kid on the block anyway. He became a lot more introspective and quiet."

But Tim considers his hibernation time well spent. There would never again be room in his life for self-absorption. "I had a lot to be grateful for," he said. "I could have died. I could have been blinded. My family was so supportive. My doctors were exceptional, always willing to talk. The experience took me out of my little world."

As his treatment wound down and his life normalized, he threw himself back into his activities with a renewed zeal and a nascent interest in the field that had come to monopolize his life: medicine.

"Being sick afforded me with some opportunities I wouldn't have had otherwise," Tim says. "I volunteered as a camp counselor for cancer patients and worked part time as an orderly. Everything just came together."

He even reclaimed his athleticism. When he enrolled at Berry College in Rome, Ga., he began running track… with the dubious distinction of starting out as the slowest runner on the team. But rather than being discouraged, he was motivated to redouble his efforts. He trained doggedly and soon became so competitive that he secured an athletic scholarship.

After graduating from Berry, Tim's next choice brought him full circle. He came back to MCG, this time as a medical student. "I was so pleased when I found out he was accepted at MCG," says Dr. Luxenberg, who seldom gets such up-close-and-personal validation of his success as a physician. "How terrific that he ended up going to medical school."

Buff doesn't doubt that Tim's adolescent ordeal sealed his professional destiny. "I know his career choice was shaped by what he went through," she says. "And he's always been good with kids, so I'm sure he'll end up working with children."

That's the plan. "When I was going through my rotations," says Tim, now a School of Medicine senior, "somebody asked me, 'Where do you feel the most yourself?' It's pediatrics."

He has already discovered the power of true empathy, a quality he hopes to share with every patient. "Having been sick gives you a different perspective on the patient/doctor relationship," he says. "I feel like I can connect by sharing my story. It sometimes lifts the curtain, if you will. People are less guarded when they realize I understand what they're going through."

"I am so happy that he chose medicine and especially that he chose pediatrics," said Dr. Kathleen M. McKie, an assistant professor of pediatric hematology/oncology who has known Tim since his freshman year. "He would be remarkable at whatever he does, but pediatrics is an area that deserves this very special young man. He is himself a reminder of the awesome spirit of the child."

Tim has maintained his commitment to his spiritual life throughout medical school, volunteering for Medical Campus Outreach mission trips to Third World countries. He has also set aside time for some long-overdue fun. "I'm trying to lighten up and make up for lost time," says Tim, noting his enthusiasm for hobbies like backpacking.

He even squeezed in time for a wedding. Tim married wife Tara in fall 2001. Tara shares her husband's commitment to altruism. "Wanting to invest in the lives of others is a shared goal for us," she says. "Tim has such a compassionate heart. He wants to solve the world's problem all at once. He has really enriched my life."

Several months ago, Tim's parents nominated their son to help carry the Olympic torch for the winter 2002 Olympics. In the nomination letter, they wrote of a scared, lonely adolescent who transcended his fears and turned his focus outward, eager to draw on his experience to help others. The nomination was accepted. On Dec. 6, Tim's whole family converged in Rock Hill, S.C., to watch him carry the torch. "My dad lit the torch for me," Tim says. "It was very meaningful; I'll never forget it. The one torch that [went] from Athens, Greece to Salt Lake City, Utah—that one torch—was in my hand."

More Than Skin Deep

Mark and Laura Burney with sons Collin and Phillip

Christine Hurley Deriso

On an unseasonably balmy January morning, the tidy, fenced back yard of Mark and Laura Burney's North Augusta home is a blur of motion as toddlers Phillip and Collin bound gleefully from one activity to the next.

Mark and Laura alternate pushing Collin on a swing and tossing a football to Phillip, then supervise as their sons mount Big Wheels and hurtle through the brown, matted grass. The grass will turn lush and green in a short couple of months, but for now, winter has cast a dull pall over the otherwise lively household.

Disease has cast a pall over the household, too, but the toddlers' exuberance pushes it insistently to the fringes of their lives, where it belongs. Daddy is sick…they know that, and even understand it on some level…but they have games to play, balls to toss, Big Wheels to pedal. Life goes on.

Mark will be in bed shortly for his morning nap; fatigue plagues him around the clock these days, but right now, he's just a dad playing with his kids in the back yard. For the moment, he feels OK, and he's making the most of it. Cancer has stolen much from his life, but he won't let it rob him of fatherhood.

It was two years ago that Laura, now a physician assistant student at the Medical College of Georgia, noticed a suspicious-looking lesion on her husband's shoulder. Laura, who earned a bachelor's degree in medical technology from MCG in 1995 and a master's degree in health education in 1997, had a solid enough medical background to know not to ignore unusual-looking moles or try to wish them away. She insisted that Mark get it checked out, just to be on the safe side. It was probably nothing….

It was something. Mark, a chemical operator whose favorite pastime is offshore fishing, was diagnosed with melanoma, the most serious form of skin cancer. He and Laura were concerned but optimistic. They would take care of the cancer, then get back to raising their young family.

And for a while, that's exactly what seemed to unfold. Mark had the lesion removed; his prognosis was good. "The pathologist determined it was completely removed," Laura says, "but Mark's dermatologist (Dr. Fred A. Kight, a 1983 graduate of the MCG School of Medicine) wanted to continue to check him every three months because of his risk factors," including fair complexion, freckles, excessive moles and childhood sunburns.

Dr. Kight's vigilance probably saved

Mark's life. Last November, a barely noticeable lump under Mark's arm was diagnosed as Stage III melanoma. The cancer was back, and this time, it had spread to his lymph nodes.

As devastating as the diagnosis was, several circumstances were particularly fortuitous. For instance, MCG had recently obtained a PET (Positron Emission Tomography) scanner, one of the most cutting-edge diagnostic tools available. Patients are injected with a radioactive tracer that harmlessly and painlessly identifies chemical processes that signal disease—for instance, the rate at which body tissues metabolize glucose. Excessively rapid glucose uptake indicates cancer, so a PET scan can diagnose the spread of cancer long before any other symptoms are detectable.

Fortunately, Mark's PET scan indicated the cancer had not spread beyond the lymph nodes.

Also to Mark's advantage is MCG's participation in nationwide cancer studies. "MCG cancer patients either receive the best established standard of care or can be enrolled in a clinical study [to participate in an experimental yet extensively studied treatment]," says Dr. Andre M. Kallab, assistant professor and director of clinical trials development in the MCG Section of Hematology/Oncology. In addition to MCG's formal affiliation with such initiatives, Dr. Russell E. Burgess, MCG chief of the Section of Hematology/Oncology, attends meetings and cultivates relationships with cancer researchers nationwide to quickly tap into the newest protocols.

MCG also maximizes collaboration on campus. "Every patient at MCG has an interdisciplinary team, with every player working together to come up with a treatment plan," says Dr. Kallab. "In any given case, maybe five to 10 physicians are involved, such as surgeons, oncologists and radiation oncologists. We have a tumor board that meets, discusses cancer cases and determines the best treatment for each patient."

Mark is treated with INTRON A Interferon alfa-2b, a synthetic version of naturally occurring proteins and glycoproteins that enhance the body's immune response and suppress cell proliferation. The treatment could be particularly vital for melanoma patients, since the disease tends to resist established treatments like radiation and chemotherapy. Mark began receiving high-dose injections of Interferon in December 2001, then began a maintenance dose five weeks later. The complete 52-week regimen will continue through December.

In the meantime, he will be checked regularly for signs of metastasis and perhaps enrolled in other studies as they become available. For instance, researchers are trying to create vaccines, developed from the patients' own tumors, to individualize melanoma treatment.

Mark, home on disability during the treatment, is thin and tired but grateful for family, friends, faith in God and access to a drug that might save his life. "There are a lot of good people out there," Mark says. "I'm fortunate to have people in my life who share my values and beliefs."

For her part, Laura is almost preternaturally calm. "I've had days thinking, 'Gosh, how can I get through this?'" she acknowledges. "But what else do you do but move forward? You have no choice. And we have so many blessings. My [physician assistant] department has bent over backwards, offering to videotape classes, adjust my schedule or do whatever can be done to help me. Our church, Grace United Methodist, delivers meals, and our friends are always available to help. My classmates have offered to babysit, shop, do household chores…they have prayed for us and just been there every day, even during our holiday break, to give me a hug and pat on the back."

Her classmates say Laura easily inspires such devotion. "She has made the most out of the time we have [as a class] to reach out to others less fortunate," says a classmate. "She is truly an inspiration and someone from whom everyone could learn something. She's the superwoman of the PA class."

Despite her hectic schedule of school, mothering and volunteerism, Laura chooses to take a particularly active role in her husband's care. "I did the most fast and furious review of the literature I've ever done in my life," she says with a laugh of her crash course in melanoma treatment and research. She and her PA classmates will participate in the American Cancer Society Relay for Life, a fund raiser for cancer research, this spring. Laura has raised funds for cancer research for several years, not knowing at the outset that her family would one day be a beneficiary.

With her extensive medical background, cancer statistics spin in her brain. "Right now, the five-year survival rate for Stage III melanoma with lymph node involvement is reported around 38 percent," she says. "But Mark is young and otherwise healthy. I know there is no reason in this world he can't be part of that 38 percent. If anybody can, he can."

Mark shares his wife's optimism but harbors no illusions. "The biggest problem is the unknown," he concedes. "There are no guarantees. I've got two little boys. Nobody wants to die."

"Melanoma is an unpredictable and often devastating disease," says Dr. Wendy Brick, an MCG medical oncologist and 1995 graduate of the MCG School of Medicine. "We lose so many young people to it every year." The American Melanoma Foundation estimates that 51,400 new cases of melanoma will be diagnosed this year—9 percent more than last year.

Mark tries to avoid playing the numbers game. "My health is a daily topic of conversation, and that gets old," he says quietly. "Here I am, 37 years old. How long can we talk about it?"

He yearns for the day that his health is so boringly unremarkable, it precludes commentary. In the meantime, he fiercely clings to life. He looks forward to the day he feels well enough to fish offshore again. Maybe one day he'll teach the skill to his sons. Asked what he plans to teach them about his current challenge, he pauses reflectively. This lesson is still unfolding. With a rueful smile, he says, "I'll have to get back to you on that."

On the Fast Track

Ellen Gladden

On a train in the Swiss Alps at nearly 5,000 feet above sea level, Dr. Marlene Rosenkoetter captured the vistas with her 35-millimeter camera. Spectacular portraits of a misty lake in the foreground and snow-capped mountains coloring the horizon preserve the memories of her numerous travels abroad with her husband, John.

"I really enjoy photography. I've taken some beautiful pictures all over the world…Greece, Scotland, Switzerland. It is a great way to remember different places," she explained.

And considering the new dean of the School of Nursing's upbringing, it is no surprise her favorite means of transportation is by train. "My father was a Wabash Railroad man, so I grew up on trains and always loved it," she said. "It really is the best way to see parts of a country you can't otherwise."

Dr. Rosenkoetter's roots are in the St. Louis area, although she noted, "I've lived all over." Her childhood, filled with the typical teasing from two older brothers, revolved around music. "My father had a dance band with horns and strings and the works. They were really quite good and so we all had to learn an instrument." Around age 6 she began learning to play the piano and "really ended up liking it." Her hobby has continued through the years with performances for weddings and numerous church functions.

"When I finished my Ph.D., my husband bought me a baby grand piano. I love playing. It's very relaxing," she noted.

Another root that has kept its blooms throughout the dean's life is a love of animals—specifically cats. "I had kitten wallpaper as a little girl. I've always loved cats. I am a strong supporter of the environment and wildlife," she said.

Among the furry friends who keep her company at home are Pepper and Muffin, two Persians with personality. Then there is Randy, the hound dog, and a parakeet, Freckles, who came to the Rosenkoetters' Wilmington, N.C., home on the run from being "lunch for the hawks" and has been a part of the family since.

Combining her love of animals and her concern for people, Dr. Rosenkoetter has researched and written about pets' effects on people since 1975. "Pet-facilitated therapy has demonstrated remarkable results in changing behavior patterns of a variety of persons including the criminally insane, alcoholics, the elderly, cardiac patients, children, blind persons and the mentally disabled," she summarized for a Wilmington publication.

Dr. Rosenkoetter's compassion is perhaps the driving force behind her chosen profession. "I believe that nursing is a caring profession. The level of care and concern is very real and should be extended to patients, as well as the people we work with and the people we teach," she said. "I think we should treat people arduously with dignity and respect and should expect the same thing in return. I am a firm believer that anything that needs to be said can be spoken kindly."

Dr. Rosenkoetter, the founding dean of the School of Nursing at the University of North Carolina, Wilmington, brings that philosophy to MCG faculty with a trinket from her international travels. A bright-blue baseball hat—complete with floppy dog ears and a puppy nose–which she purchased in Glasgow, Scotland serves as a reminder to say something positive. "If someone is speaking too negatively, they have to put on the hat," she explained.

Aboard the MCG administration since January, Dr. Rosenkoetter says her decision to accept the deanship stems from her longtime positive impression of the institution. "I've been familiar with the quality of MCG for many years. It has a strong reputation nationally. It is a large school with a lot of potential. There are many great things in place here and on the horizon," she said, noting the strength and growing potential of MCG's research.

Her own research on the mental health aspects of retirement is internationally known. Her nearly two decades of research with American and international retirees has focused on the perceptions of changing life patterns, psychosocial adjustment patterns, depression in retirement and pre- and post-retirement preparation. She also has researched gerontology issues such as nurse-managed care centers and geriatric residents' perceptions to pets in nursing homes. Her findings have been reported in national and international publications including *Time* magazine, *Nursing Times* and the *Journal of Professional Nursing*. Her research has also been cited by the U.S. Office of Personnel Management for dissemination to federal and U.S. military employees.

Her goals at MCG include enhancing the School of Nursing's research contributions to the institution. "As a researcher I am committed to encouraging students and faculty to become better researchers themselves. I'm looking at ways to support faculty with acquiring funding through various grants and increasing the number of [National Institutes of Health] studies," she said. She plans to work to improve the school's grant applications and proposals and help faculty devise new research areas in their fields of interest.

Dr. Rosenkoetter would also like to augment the School of Nursing's relationship with its alumni. "I would like very much for the alumni to have an active role in the school. I want them to feel that they are comfortable here and want to return here often. Alumni are a viable part of not only our past, but also of our future. I hope they will make themselves known to me at various functions. We would like to have input from them on how they would like to be involved."

Toward that end, she plans for an MCG alumni reception to be a part of the American Nursing Association's annual meeting this summer in Philadelphia. Similar gatherings are planned for the Georgia Nursing Association's fall meeting, which will be held in Augusta this year.

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Taking Flight

Toni Baker

The biomedical business is making serious noise in Augusta.

"Here's a good one," said Dr. Michael G. Gabridge as he spent a holiday reviewing business plans for biomedical startup companies that might find a home in a life sciences business development center scheduled to open in 2003 at the Medical College of Georgia.

"The company is in Atlanta now," said Dr. Gabridge, director of MCG's Office of Biomedical Technology Transfer. "They are starting up a different type of tissue culture operation. They have a business plan, $4 million in the bank and they are looking for a place to set up their pilot plant. This would be perfect for them," he said of the bio-business incubator that will house and nurture businesses that spring from biomedical science at MCG and elsewhere.

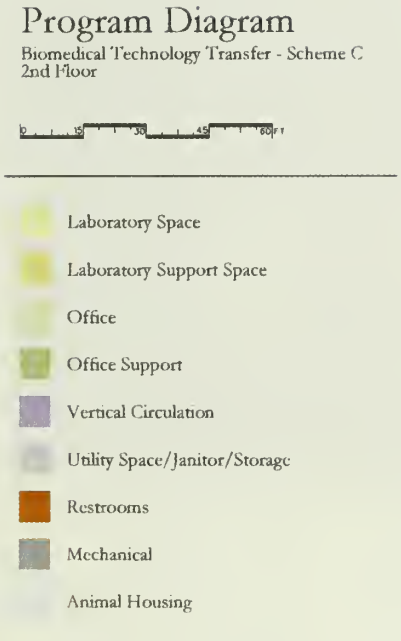
Sharpening the corporate edge it takes to turn discoveries into successful businesses is one of the many the things that brought Dr. Gabridge to MCG from Colorado, where he was president of his own intellectual property consulting company and previously directed the University of Colorado School of Medicine's University Technology Corporation.

At MCG and in Augusta, he's getting another opportunity to build not just the incubator, but the university's entire biomedical technology transfer program. He is playing a major role as well in the city's establishment of a research park—a project of the Georgia Medical Center Authority—that will be in close proximity to the university campus. These are natural outgrowths of a university where research is booming, with 133 percent growth in research dollars

Medical College of Georgia

Expansion of Interdisciplinary Research Building

Augusta, GA



over the last five years, including better than 25 percent growth in each of the last two years.

Out of the minds and labs of the increasingly busy scientists are coming countless findings about the workings of the body and the treatment of disease. Those findings should yield about 25 patentable ideas each year, eight to 10 of which are unique and marketable enough to get a patent. From that knowledge furor, one lone business may emerge.

"If you look at the national statistics, based on really large numbers from the Association of University Technology Managers, only about 3 percent of inventions end up turning into entrepreneurial operations," Dr. Gabridge said. "Only about one-third of inventions that end up on my desk or anyone's desk go forward to the patent office." These are the ones that pass a three-part test: Is the science solid? Is the idea or product patentable? And is it marketable?

For instance, a vital question to ask from a business standpoint, Dr. Gabridge said, is: "Can we sell enough to recover our investment in the patent process?" Sometimes the answer may be surprising. "If you came to me with a new diagnostic kit for AIDS, I will tell you, 'No way,' because there are already 30 companies out there losing money on making diagnostic kits for AIDS. It's great science, but not great business."

The incubator facility, which will take up most of one floor of the four-story, 92,000-square-foot addition to the Interdisciplinary Research Building, will provide space and scientific support to optimize the chance that an idea will be among the 3 percent of inventions that are both great science and great business. Ground is being broken this spring on the addition that will essentially double the space of the Interdisciplinary Research Building; the building is on a fast track for rapid completion.

The incubator facility will include space for five large laboratory/office suites and about 3,000 common square feet with a conference room, autoclave room, a cold room for samples that require refrigeration, a break room and numerous places for entrepreneurs to just sit down and swap ideas. "Some $4.8 million of this $5.3 million project comes from President Dan Rahn by just providing us this space," Dr. Gabridge said.

But, he emphasized, "the key concept here is that it's not just a real estate deal." The facility offers easy access to core laboratory facilities such as the transgenic and embryonic stem cell mouse core. Also within easy reach are the scientists and technicians running these labs and working throughout the expanding hallways of MCG research facilities.

Each company also will be assigned an advisory board, a pool of biomedical business experts to analyze and advise. "Our analysis of a company's business plan may show that they could use some strengthening in marketing and manufacturing, for example," he said. "So we will put marketing and manufacturing experts in addition to a banker, lawyer and other scientific experts on an advisory board that will meet with them once a month and assist in getting the business up and running."

MCG will get much back in return. "Having the incubator will help us recruit and retain key faculty members and simultaneously help MCG fulfill its role in the Augusta area's economic development," he said. In addition to rent money, MCG will get a percentage of profit from the companies it helps nurture, even after they have moved on, ideally to nearby locations such as the research park under development in Augusta.

MCG will get major help with the project from the Georgia Medical Center Authority—a project of the Augusta Neighborhood Improvement Corp.—whose primary mission is to optimize Augusta's role as a medical city, including developing a research park and a second incubator facility.

"We are thrilled about it," said Cathy Slade, the authority's executive director. "This is a huge kickstart to the research park development," she said, echoing the recent observation by the authority's consulting firm, Hammer, Siler, George Associates. The authority and MCG have applied for about $500,000 from the OneGeorgia Program, part of Gov. Roy Barnes' plan to use tobacco settlement dollars to build the state's infrastructure, to purchase much of the new equipment that will be needed in the new labs.

Dr. Gabridge also is seeking $1 million in support from the Advanced Technology Development Center, a consortium of existing incubator facilities in Georgia, to help support the incubator's business operations for five years; the Georgia Research Alliance, a consortium of the state's research universities, already has contributed to the project by supporting the larger project of the building addition.

AlumNews

Homecoming Slated April 25-28

The Medical College of Georgia will host Homecoming 2002 April 25-28. Activities include MCG President Daniel W. Rahn's April 26 inauguration.

Homecoming participants must register; advance registration by April 12 is strongly recommended. Call (800) 869-1113 or visit www.mcg.edu/Alumni/Homecoming.html for more information.

Activities for alumni, spouses, faculty and students of all five schools:

On-site registration, MCG Alumni Center lobby, April 25 from 9 a.m. to 2 p.m., April 26 from 9 a.m. to 3 p.m. and April 27 from 9 a.m. to 3 p.m.

Hospitality suite for informal gathering and reminiscing, Radisson Riverfront Hotel Terrace Room, April 26 from 11 a.m. to 9 p.m. and April 27 from 11 a.m. to 6 p.m.

Golf at the River Golf Club, $49, (803) 202-0110, and/or Forest Hills Golf Club, $34, (706) 733-0001. Call the course(s) to reserve a tee time for your group.

MCG tour, departing from the MCG Alumni Center lobby, April 26, 9 a.m.

Historic tour of Augusta and lunch, departing from the Radisson Riverfront Hotel lobby, $50, April 26, 9 a.m.

Inauguration of MCG President Daniel W. Rahn, April 26, 2 p.m., Bell Auditorium.

Reception following inauguration, president's home, 920 Milledge Rd.

Student Government Association cookout, MCG Alumni Center ballroom and pool area, April 27, 11:30 a.m. to 2:30 pm.

Nostalgia Hour, MCG Alumni Center ballroom and pool area, April 27, 11:45 a.m.

MCG Foundation Board meeting, Old Medical College, April 27, 1 p.m.

Afternoon antiquing, departing from Radisson Riverfront Hotel lobby, $20, April 27, 2:30-4:30 p.m.

President's and Deans' Reception, Radisson Riverfront Hotel, April 27, 6-7 p.m.

Homecoming dance, cash bar with music by the Tony Howard Band and Show, Radisson Riverfront Hotel, April 27, 9:45 p.m.

School of Allied Health Sciences activity:

Alumni Association brunch and presentation of Distinguished Alumnus Award to Jessie O. Brown (B.S., 1969 and M.H.E., 1980), $12, Old Medical College, April 26, 10:30 a.m.

School of Dentistry activities:

24th Annual Marvin Goldstein Lectureship ($50) and luncheon ($25) with lecture by Dr. Nasser Barghi *Composite and/or Porcelain: Making Clinical Decisions* and presentation of Alumni Association Distinguished Alumnus Award to Dr. Michael T. Rainwater (1977), 4.5 continuing education

hours, Radisson Riverfront Hotel, April 26, 7:30 a.m. registration, 1 p.m. luncheon.

Alumni Association business meeting, Radisson Riverfront Hotel, April 26, 10 a.m. (morning break of Goldstein Lectureship).

Reunions for School of Dentistry classes of 1977, 1982 and 1987, $25, Radisson Riverfront Hotel, April 27, 7 p.m. social gathering, 7:30 p.m. dinner. Faculty members who taught these classes are invited to attend as special guests of the School of Dentistry Alumni Association.

School of Graduate Studies activities:

Alumni Association board and annual meeting, MCG Alumni Center Pine Room, April 25, noon.

Alumni Association dinner and presentation of Distinguished Alumnus Award to Dr. J. Charles Eldridge (endocrinology, 1972), $16, Damon's Restaurant, April 26, 6 p.m. reception, 7:30 p.m. dinner.

School of Medicine activities:

Alumni Association annual banquet and presentation of Distinguished Alumnus Awards to Drs. John T. Bigger (1960) and Robert A. Matthew (1949), $35, Old Medical College, April 26, 7:30 p.m.

MCG Foundation Development Committee meeting, MCG Alumni Center, April 27, 8:15 a.m.

Alumni Association board meeting, MCG Alumni Center, April 27, 9:30 a.m.

Reunions for the classes of 1942,1947, 1952, 1957, 1962, 1967, 1972, 1977, 1982, 1987, 1992 and 1997, $40, Radisson Riverfront Hotel, April 27, 7 p.m. social gathering, 7:30 p.m dinner.

Non-reunion dinner for School of Medicine alumni not having a class reunion this year, $40, Radisson Riverfront Hotel, April 27, 7 p.m. social gathering, 7:30 p.m dinner

Alumni Association memorial service honoring School of Medicine alumni who died last year, Old Medical College, April 28, 10:30 a.m.

Emeritus Club luncheon and induction of the class of 1962, $20, Old Medical College, April 28, 11:30 a.m.

School of Nursing activity:

Alumni Association dinner and presentation of Distinguished Alumnus Awards, $25, Savannah Rapids Pavillion, April 26, 5-6:30 p.m. reception, 6:30-9:30 p.m. dinner and program.

Class Notes

School of Dentistry

Obituaries

Dr. James Perry Rollins ('75), Kennesaw, Ga., died Jan. 2 at age 57. Survivors include son James Douglas Rollins, his mother, brother and grandson.

School of Medicine

Dr. Irving Victor ('45) recently received the Medical Heroes Lifetime Achievement Award from the Georgia Medical Society in Savannah. He also received an Armstrong Atlantic State University honorary doctorate of letters, the first honorary doctorate awarded in the school's 66-year history. Dr. Victor practiced urology in Savannah for more than 40 years before retiring.

Dr. Kimford J. Meador ('76), chief of the Medical College of Georgia Section of Behavioral Neurology, has been named Charbonnier Professor of Neurology. He joined the faculty in 1984 after completing his neurology residency at MCG and behavioral neurology fellowship at the University of Florida.

Dr. James J. Wynn ('80), chief of the MCG Section of General Surgery, has been named to the Carlos and Marguerite Mason Chair in Transplant Surgery and Immunology. The chair was established at MCG by the Atlanta-based Mason Trust to enhance MCG's research and clinical activities in transplantation.

Dr. Joy A. Maxey ('84) was named one of 10 Women of Distinction for 2002 by the Georgia/Tennessee Chapter of the Crohn's and Colitis Foundation of America.

Dr. Bruce Cohen ('91), Charlotte, N.C., has joined Miller Orthopaedic Clinic as a physician in the Foot and Ankle Center. He completed his internship and residency at Carolinas Medical Center in Charlotte and foot and ankle surgery fellowships at the Medical College of Wisconsin and the American Sports Institute in Birmingham, Ala. He is director of the Foot and Ankle Fellowship Program at the Miller Orthopaedic Clinic and is certified by the American Board of Orthopedic Surgery and the National Board of Medical Examiners.

Dr. Jeffrey Rawlings ('91), Thomasville, Ga., has joined Southeastern Plastic Surgery in Tallahassee, Fla. The practice includes cosmetic, reconstructive and skin-care services. Dr. Rawlings, who also completed general surgery and plastic surgery residencies at MCG, is certified by the American Board of Surgery and the American Board of Plastic Surgery. He received additional training in the Advanced Aesthetic and Reconstructive Plastic Surgery Fellowship Program at the Mayo Clinic in Scottsdale, Ariz. He and his wife, Dr. Lisa Hospodar Rawlings ('91), have two children, Jake and Emily.

Dr. John Michael Roach ('95), an ophthalmologist with Eye Consultants of Atlanta, has been elected to the Board of Trustees for the Center for the Visually Impaired. The center annually serves more than 3,500 individuals of all ages who are blind of visually impaired.

Obituaries

Dr. John C. Matthews ('57), Graniteville, S.C., died Jan. 5 at age 74. He began a private practice in Graniteville in 1960 and practiced in Graniteville and Aiken, S.C., for 41 years. He was chairman of the Aiken Regional Medical Centers pharmacy commission and a member of the Aiken County Medical Society, the American Medical Association and Alpha Omega Alpha. Survivors include his wife, Betty Wall Matthews, three sons, two daughters and three grandchildren.

School of Nursing

Lt. Cmdr. Martha Cutshall (B.S.N., '91) is a Navy nurse working as a business manager for an ambulatory care center. Since graduation from MCG, she has earned two master's degrees, one in HRM (1997) and another in nursing (2001) health care administration.

Obituaries

Rose Elese Robertson (B.S.N., '78, M.S.N, '80), died Jan. 6 at age 56. Ms. Robertson was a psychiatric nurse at MCG for 16 years and was also employed by Psychological Specialists. She was a member of Sigma Theta Tau, the Georgia Nurses Association and the Impaired Nurses Program. She volunteered for the American Red Cross. Survivors include her mother, a son and a daughter.

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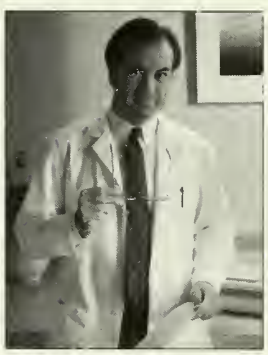

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Please send to: *Christine Hurley Deriso; FI-1040; Medical College of Georgia; Augusta, GA 30912; fax to (706) 721-6723 or e-mail to cderiso@mail.mcg.edu.*

Dr. Mishoe Named Dean

Christine Hurley Deriso

Dr. Shelley Mishoe, interim dean of the Medical College of Georgia School of Allied Health Sciences, has been named dean of the school.

"We are delighted to have Dr. Mishoe as the new dean of the School of Allied Health Sciences," said Dr. Barry D. Goldstein, MCG senior vice president for academic affairs. "She is an outstanding educator, scholar and administrator who brings strong leadership qualities to the school at a time of great opportunity."

Dr. Mishoe joined the MCG faculty in 1977 and served for 12 years as chairman and program director of the Department of Respiratory Therapy. She was named associate dean for academic affairs in the School of Allied Health Sciences in 2001, then interim dean later that year.

She has received an MCG School of Allied Health Sciences Outstanding Faculty Award and has published over 60 articles, abstracts and book chapters in the field of respiratory therapy. Dr. Mishoe is an inaugural-class fellow of the American Association for Respiratory Care and has been named the association's delegate of the year and educational section practitioner of the year.

"It's an honor and a privilege to serve the school and the entire institution in meeting MCG's strategic goals," said Dr. Mishoe. "I look forward to continue the work we've begun in areas such as research initiatives, faculty practice and development of new educational programs."

Dr. Shelley Mishoe

Dean Takes Message to Taiwan

Christine Hurley Deriso

Extreme deference to a teacher sounds like a wonderful concept...yet it doesn't quite jibe with the potentially rough-and-tumble environment of problem-based learning, according to Dr. Shelley Mishoe, dean of the Medical College of Georgia School of Allied Health Sciences.

Dr. Mishoe, a respiratory therapist, spent a week in Taipei, Taiwan in October helping explain how to implement problem-based learning without seeming... well...unmannerly. "Even in our culture, it's a huge transition to move from a teacher-directed approach in the classroom to a student-directed approach," said Dr. Mishoe. "It's even tougher in Asian cultures, where teachers are highly revered. It's almost impolite to question them, and problem-based learning is based on the premise of challenging ideas, beliefs, techniques and behaviors."

Rather than sitting quietly in a classroom listening to a lecture, students in problem-based courses—including many taught at MCG—receive enough information to tackle specific problems, research related issues, brainstorm about how to solve the problems and immediately begin implementing what they learn.

Dr. Mishoe is the lead

author of a book on the subject (*Critical Thinking in Respiratory Care: A Problem-Based Learning Approach,* McGraw-Hill, 2002) and was invited to discuss the topic as a visiting professor at Chang Gung University in Taipei. The visiting professorship coincided with Dr. Mishoe's participation at the 10th Congress of the Asian Pacific Association for Respiratory Care held in Taipei.

"I advocate that problem-based learning is not all or nothing," Dr. Mishoe said. "I look at it more as a teaching-learning strategy that has both advantages and disadvantages. I gave many examples of how you can incorporate aspects of problem-based learning and retain more conventional teaching techniques at the same time."

She encountered the cultural gap firsthand. For instance, while lecturing at the conference about how to develop respiratory therapy educational programs, she noted that few participants asked questions afterward, even when invited. Yet the audience—respiratory therapists and other health care providers from throughout the world, including many parts of Asia—was undoubtedly eager to hear what she and the other speakers had to say.

"In the Pacific Rim, there's a keen interest in developing the field of respiratory therapy," Dr. Mishoe said. "Outside of North America, other than pockets, respiratory therapy is delivered by physical therapists, physicians and nurses. So a common approach is to train nurses. Most respiratory therapy educational materials are in English, so there are many advantages to training people who already have expertise in patient care and medical terminology."

Nurses are often eager for the training, she said, noting that respiratory therapy is generally more lucrative than nursing in Asia.

Other topics at the conference included mechanical ventilation, managed care, health care outcomes, quality-of-life issues, cost containment and delivering respiratory therapy outside the hospital. "I really benefited from the information," Dr. Mishoe said. "It was a very well-rounded conference."

She enjoyed meeting her peers from throughout the world, toppling language barriers to form new friendships. "The conference was in English, and most of the people in attendance spoke it to some degree. But we used lots of visuals during presentations and were asked to speak slowly."

The war on terrorism was a frequent topic of after-hour conversation, and Dr. Mishoe was heartened by the virtually unanimous support and empathy she encountered. "Even before the conference, people were e-mailing me saying, 'We're so sorry. We share your grief.'"

Dr. Mishoe was untroubled by security fears throughout her trip. "It took longer to get into and out of airports and we couldn't use the lockers, but other than that, everything seemed pretty normal," she said. "And I'm not a worrier; anything can happen to anybody at any time, so you just have to go on with your life. You can't live in fear."

Dental hygiene students Kathleen Bass (from left), Candice Kendall and Katie Brooke Bryant display USA ribbons they distributed Nov. 9-10 as a Student American Dental Hygiene Association community project. They accepted donations for the ribbons and collected $150 for the terrorist victims' relief fund.

Volunteerism a Top Priority for Students

Christine Hurley Deriso

Allison Gilmer has dreamed of a health care career for as long as she can remember, yet nothing could have prepared her for the exhilaration she felt when gently coaxed a stroke patient to his feet last summer.

"It sounds amazing to see dramatic improvements in a week's time, but we did," said Allison, a second-year student in the Medical College of Georgia Department of Physical Therapy.

Allison and 14 of her classmates spent that week in Merida, Venezuela, working with Medical Campus Outreach to donate health care services for impoverished South Americans.

"This was the first year physical therapy students participated," said Dr. Doug Keskula, associate professor of physical therapy.

The students worked in a hospital in Merida, plus several makeshift clinics—mostly schools and churches with bare mattresses tossed on floors as treatment areas. They spent their time not only treating illness and injury, but educating villagers about how to optimize their health. "We saw lots of musculoskeletal problems and malnutrition," Allison said. "They don't have immediate access to health care, so we saw lots of chronic injuries and tried to identify injuries that could be helped with exercise programs. I

taught [many] farmers how to lift correctly."

The students were stunned to see that many injuries and side effects of illness—such as impaired mobility after a stroke—often go untreated in Merida. Even many health care providers in the area assume the damage is irreparable and forgo the often simple and inexpensive techniques that can restore function and quality of life, the students noted.

The physical therapy students' efforts were almost as educational for their fellow volunteers as for the villagers. For instance, many of the medical students were intrigued to learn specific physical therapy techniques and how those services complement their efforts. "Volunteering is a great opportunity to let people know, 'This is what physical therapists do,'" Allison said. "We really get to see what each discipline does and how we can help each other."

In fact, the Department of Physical Therapy class of 2002 has integrated volunteerism into every aspect of its education. When the classmates first met each other last fall, they discovered a shared passion for donating their time and talents to those in need. They decided to complete at least one volunteer project per semester. "Not every class would do this," Dr. Keskula said. "These students are unique in a lot of ways. Usually, a core group of people does all the work, but this whole class is involved in volunteering. Their ability to expand their horizons is exemplary."

In addition to the Venezuela mission trip, the class has volunteered for Special Olympics, Habitat for Humanity, the American Cancer Society, Wee Can Ski (a Children's Medical Center skiing event for disabled children), a spinal cord injury workshop and several other initiatives. Often, the professional skills they are learning are called into play while volunteering. "We see that what we're learning really has an impact on people's lives," said physical therapy student Catie McGrail. "What we're doing in class directly translates into improving people's lives."

Other times, their expertise is less important than their empathy and enthusiasm. For instance, while cheering on handicapped children during Special Olympics, "they were fans and spectators as much as anything else," Dr. Keskula said. "They got to encourage the kids and cheer them on."

"[Volunteering makes me feel like] I did something I can be proud of, and I'll have stories to tell for years down the road," said physical therapy student Will Collins. "It has made me realize, 'Man, I made the right decision to come to MCG.'"

Respiratory Therapy Students Awarded

Medical College of Georgia respiratory therapy student Alyssa Paetau has received a national award for her efforts to optimize the health of cystic fibrosis patients.

Ms. Paetau received the American Respiratory Care Foundation's 2001 Morton B. Duggan Jr. Memorial Education Recognition Award for her paper, "The Role of Home Exercise in the Management of Cystic Fibrosis."

"For the third year in a row, one of our students has received this prestigious award," said Kitty Hernlen, instructor in the Department of Respiratory Therapy.

Also for the third year in a row, MCG respiratory therapy students have received scholarships from the Lambda Beta Society, the honor society of the respiratory therapy field. The recipients are Ms. Paetau and Ai Schein, both seniors.

MCG Course Offers PET Instruction

Christine Hurley Deriso

A new Medical College of Georgia course offers comprehensive training in one of the most cutting-edge diagnostic tools: the PET scanner.

PET (Positron Emission Tomography) scanning detects chemical changes in tissues, enabling quick diagnosis of certain diseases, including several kinds of cancer. Patients are injected with a radioactive tracer that harmlessly and painlessly identifies chemical processes that signal disease. For instance, the technology can determine how quickly body tissues metabolize glucose.

"Tumors tend to metabolize glucose much faster than healthy tissues," said Mimi Owen, program director of nuclear medicine technology in the Medical College of Georgia Department of Radiologic Sciences. "PET scans identify biochemical changes long before there are anatomical changes [that signal disease]," she said.

The technology's most common application is testing cancer patients to determine as early as possible whether the cancer has spread. "Nationwide studies show that patient treatment is modified in as many as 30 percent of [cancer] patients based on PET scan results," Ms. Owen said.

But the technology requires expert handling, and the state of Georgia has a critical shortage of diagnostic imaging technologists, according to Dr. Greg Passmore, chairman of the MCG Department of Radiologic Sciences.

To help meet the need, the department has developed a course for its seniors offering extensive education and clinical experience in PET scanning. The first three students were enrolled in January. "We're taking a comprehensive approach, rather than teaching how to push a button or take a picture," said Ms. Owen. "A lot of complex education is required, including an understanding of physics, chemistry, electronics and biophysiology. It's one thing to do a good job [PET scanning] when everything goes right. Our graduates will recognize when things need trouble-shooting."

The students will receive classroom instruction on campus and clinical experience at the Emory PET Core Center in Atlanta. The department also is working closely with MCG physicist Z.J. Cao, radiopharmacist Jim Corley and radiologists to optimize the instruction.

Syncor International Corp. has donated about $250,000 worth of educational materials to supplement the course work.

School of Dentistry

Dental professor closes book on 53-year career

Christine Hurley Deriso

Dr. Gerald Loft is an extremely bright man, but he's foggy on the concept of retirement.

When he retired from the Medical College of Georgia School of Dentistry in 1989 as Professor Emeritus, he apparently didn't grasp the part of the deal the precludes him from having to show up at work. For the past 12 years, he's kept showing up.

"When they were short of help, I started screening patients," he said, and he just never stopped. "I enjoy people and keeping my hand in dentistry a little bit."

Dr. Loft is accustomed to rolling up his sleeves when there's work to be done, no questions asked. The Atlanta native served in both World War II and the Korean War and has practiced dentistry since earning his dental degree from Emory University in 1948.

"In my day, they just taught you to look in the mouth and see how many holes you could see," he said with a laugh. "I hope we've moved beyond that."

He and his wife, Bea, raised a son and daughter while he refined his skills in private practice and, when duty called, in the military. "I could have retired as a full colonel, but I wasn't smart enough to stay in," Dr. Loft said with a live-and-learn shrug.

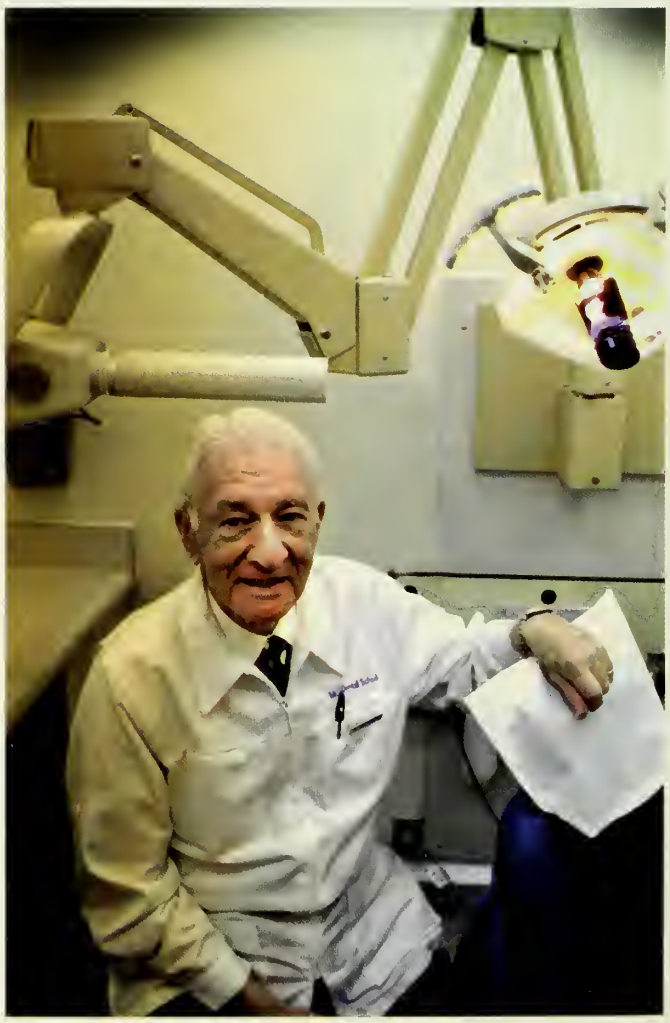
His love of academia led him to the MCG School of Dentistry faculty in 1973. He relished applying his skills at the fledgling school where most faculty members had not only dental degrees, but advanced degrees in a basic-science field. He was thrilled to be an environment where research was continually improving the field and where faculty pushed the envelope of dentistry's application to overall health.

Dr. Loft's MCG career presented diverse challenges. He oversaw courses in temporomandibular disorders and dental anatomy. He specialized in dental occlusion and moved into prosthodontics when the school needed him there. And he participated in the scientific and technological breakthroughs that now characterize the dental profession. "[Innovations like] high-speed drills, impression materials, implants and tooth-colored composite materials really changed dentistry," he said.

Dentists today, he noted, concentrate not only on teeth but on gums, the tongue, the neck...even systemic diseases that may have symptoms in the mouth. "Now dentists routinely screen for [some forms of] cancer," he said.

Since his retirement, Dr. Loft has volunteered at MCG several hours a week. "His

Dr. Gerald Loft



knowledge and expertise, as well as his generosity and positive attitude, have greatly impacted faculty, staff, students and patients," said Dr. Robert W. Comer, School of Dentistry associate dean for patient services and chairman of the Department of Oral Diagnosis. "We are truly grateful for the time he devoted to the school and the students over a 32-year span."

But in December, Dr. Loft retired for good. "I'm 78. It's not that I couldn't keep doing it, but it's kind of time to give it up," he said. He plans to travel, play golf and enjoy his family. He and his wife have four grandchildren, including MCG medical student Evan Loft. "Medicine is something he's wanted to do since he was big enough to give it some thought," Dr. Loft said. "It's not easy; he has to study hard, but he never complains."

Must be in the genes.

Faculty Contribute to Esthetic Dentistry Book

Dr. Ronald Goldstein, a clinical professor of oral rehabilitation at the Medical College of Georgia, has enlisted the help of several MCG faculty to produce the second volume of a book about esthetic dentistry.

The book, *Esthetics in Dentistry, Volume 2: Esthetic Problems of Individual Teeth, Missing Teeth, Malocclusion, Special Populations* (B.C. Decker, 2001), is edited by Dr. Goldstein, an Atlanta dentist and dental esthetics expert who published the first esthetic dentistry textbook in 1976. The new book is the second volume of a three-volume updated edition.

Dr. Van B. Haywood, professor of oral rehabilitation at MCG, is the associate editor. He and Dr. W. Frank Caughman, professor and chairman of oral rehabilitation, wrote a chapter for the book about stains and discoloration.

Other MCG dental faculty who contributed to the book are Drs. Daniel C.N. Chan, Roman M. Cibirka, James W. Curtis Jr., Mark D. Dlugokinski, Beverley A. Farley, Kevin B. Frazier, F. Michael Gardner, Steven T. Hackman, Carol A. Lefebvre, Michael L. Myers, Steve K. Nelson and Geoffrey W. Sheen. Topics include restoring chipped or fractured teeth; how personal habits affect dental esthetics; fixed replacement of missing teeth; and restorative treatment of crowded teeth.

Dr. Comer Named to Dental Council

Dr. Robert W. Comer, associate dean for patient services in the Medical College of Georgia School of Dentistry, has been appointed to a four-year term on the American Dental Association's Council on Dental Education and Licensure.

The council promotes high quality and effective processes of dental education, dental licensure and U.S. credentialing. Its 16 members are appointed by the American Dental Education Association, the American Association of Dental Examiners and the American Dental Association. Dr. Comer is the first associate dean to be appointed by the American Dental Education Association.

Dr. Robert W. Comer

His tenure will include a two-year term on the council's Standing Committee on Dental Education. The committee reviews policies and other matters related to predoctoral, advanced and allied dental education.

Dentist Indulges Sweet Tooth

Ellen Gladden

Amid the collections of antique dental instruction books and boxes of skulls used in digital imaging research in Dr. Michael Shrout's office is a tell-tale sign of his love of the culinary arts.

A copy of his 1991 cookbook resides in the School of Dentistry professor's office. One of seven siblings, Dr. Shrout relied on family to help author *Cooking Like a Shrout.*

"I asked my brothers and sisters to send me any of my mom's recipes they had—my mom didn't really use recipes for many family favorites—and any of their current favorites. I compiled and edited the collection and had them printed and bound," explained Dr. Shrout. "I sent them as Christmas presents to all our relatives."

He's been cooking for as long as he can remember. "I even made catsup from scratch one time," he noted. However, his appetite has been fixed on sweets for the past several years.

"I have memories of cooking pancakes and things when I was very little. I come from a big family and on Saturday mornings we would get up before our parents. If you weren't going to eat cereal, you pretty much cooked," he recalled.

As a chemistry major at the University of Tulsa he subscribed to *Bon Appetit* and *Gourmet* magazines and began to apply his curiosity with mixtures in the kitchen. "When you read these recipes they would publish, you had to try them. I used to love to make cakes from scratch. To me, it was so much fun to add all the ingredients rather than to open a box and add milk and eggs," said Dr. Shrout.

Now his passion for ingredients has led him to create a collection of recipes. "I like to find patterns in desserts. Many recipes are the same with small variations, so I collect types of pecan pie recipes and types of flour-less torte recipes," he said.

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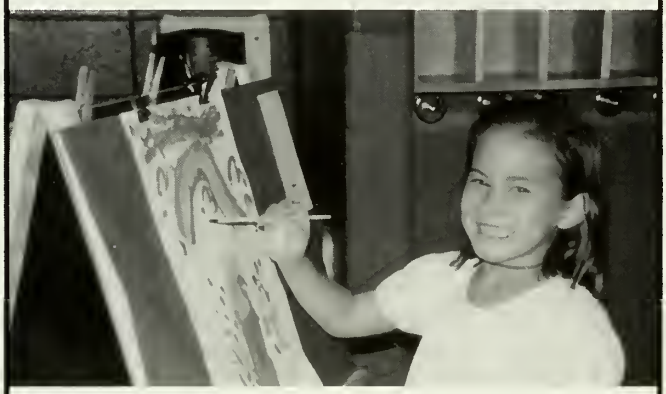

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"It (the recipe-collecting) all started when I had this dental student in St. Louis who brought in a cake...it was a multi-layered chocolate his girlfriend had made," he said. "I asked him to bring in the recipe, and the whole time he was in dental school he never did, but I've been playing with that recipe on my own and trying to recreate it."

Fortunately for his peers in the dental school, Dr. Shrout's experimentation and affinity for "any type of chocolate-raspberry combination" have lead to exotic dessert offerings in the office several times a year. "Chocolate-freak is my reputation around here," he said with a smile. "The candy consumption is probably higher in this building than anywhere else on campus."

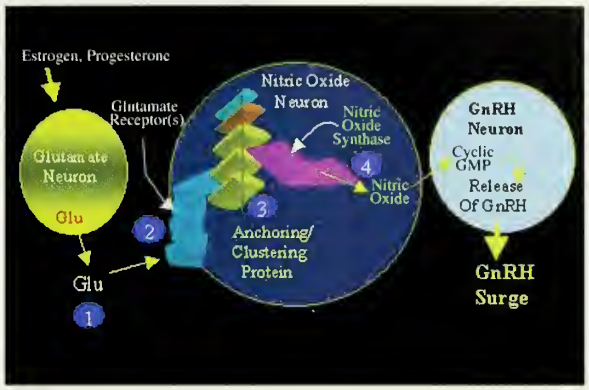
So how does a man who teaches oral biology and pathology indulge his sweet tooth with a clear conscience?

"I don't use sugar substitutes and I seldom use low-fat yogurts or sour creams. But it's not the sugar that is the problem. The sugar feeds the plaque. So our argument is if you brush and floss regularly, you're OK. Now, I don't know about your waistline in all that. But when you are going for a really rich dessert, what is the purpose of fake sugar?"

The father of two will have his favorite sweet cravings filled at a tender moment next year. His eldest daughter, Katy, and her fiancé have decided to have a chocolate-raspberry wedding cake. (He's not making it, although he often teases he will.)

Age-Related Infertility Studied

Toni Baker



Potential sites for glutamate signaling defects.

An amino acid that helps brain cells communicate and is a suspect in age-related memory problems may also have a role in age-related infertility.

A Medical College of Georgia researcher wants to know whether the transmitter, glutamate, found in about half the junctures where brain cells communicate, continues to work properly as women age.

"We want to understand a basic science problem of how aging leads to a loss of reproductive function," said Dr. Darrell W. Brann, MCG neuroscientist, who recently received a $1 million grant from the National Institute of Aging to pursue that understanding.

He wants to know if glutamate effectiveness is altered with age, disrupting the communication between a woman's brain and reproductive system that spurs ovulation. These changes likely occur in the mid-40s and may lead to premature menopause, Dr. Brann said.

And although his work is focused on the changing activity of glutamate in the reproductive system, he believes the age-related changes apply to other brain functions, such as memory, as well.

"We have done a lot of work showing that glutamate is involved in regulating hormones released by the brain that control the ovulatory cycle," he said. This includes regulating gonadotropin releasing hormones, or GnRH, the central regulating signal.

The circle of communication begins when the ovary produces a follicle large enough to release an egg. The follicle then releases chemical messengers, estrogen and progesterone, into the bloodstream that travel to the brain and bind to receptors in the hypothalamus. The hypothalamus stimulates a large release of GnRH at midcycle which goes to the pituitary gland, prompting the release of two more hormones: luteinizing and follicle stimulating hormone. Luteinizing hormone goes to the ovary, where it binds to a receptor and causes ovulation, Dr. Brann said.

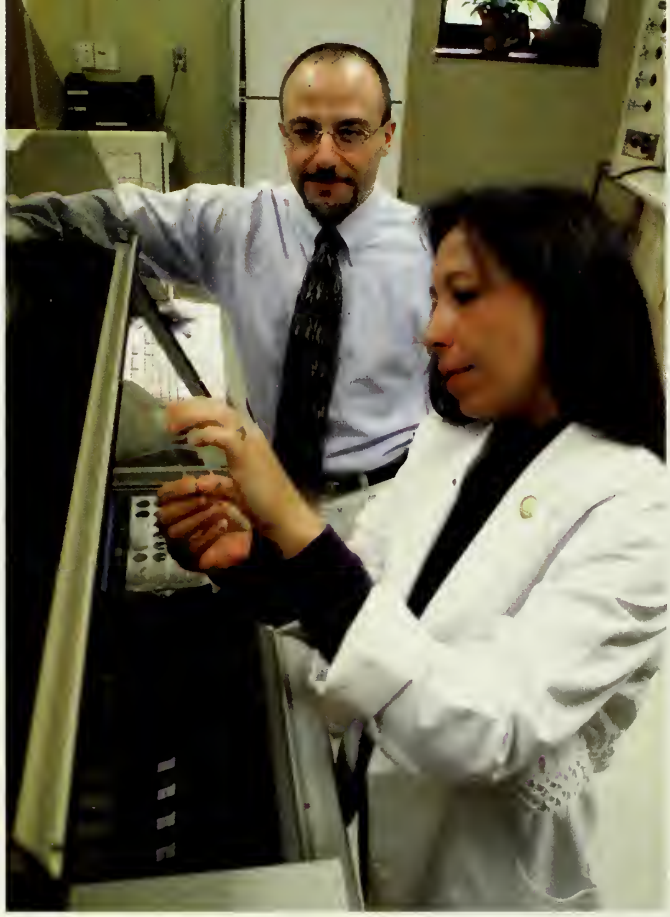
He has inserted glutamate into this mix, finding that estrogen and progesterone don't act directly on the GnRH neuron, but through glutamate. "We don't see any receptors for estrogen and progesterone on the GnRH neurons, but they have been found on glutamate neurons," Dr. Brann said. They have shown that in a luteinizing hormone surge, glutamate release in the hypothalamus is increased and that if glutamate is blocked, the surge is eliminated. "That suggests that glutamate is critical for the LH surge," he said. They also know that in the middle-aged rat, there is a decrease in the LH surge that is ultimately responsible for the release of an egg. And, even if researchers increase the amount of glutamate, GnRH release is markedly down in these middle-aged rodents. "Glutamate is not doing what it's supposed to be doing, what it does very well in the young animal," Dr. Brann said. "So that raises the question of why."

He is probing whether glutamate release can decrease with age or whether only its effectiveness decreases. "We have already shown that glutamate stimulation of GnRH is decreased at middle age, so it raises the question, 'Are there the right number of receptors in the right place?'" Receptors have to be at the synapses, where two cells come together to communicate, to be effective. "Maybe the right number of receptors are there, but maybe they are not at the right place in the cell," Dr. Brann said. He also is measuring the activity of anchoring cluster proteins responsible for targeting receptors to these synapses.

And he has brought another player into the picture: nitric oxide, a short-lived yet abundant, multipurpose gas found throughout the body. "We postulate that glutamate stimulates GnRH by activation of nitric oxide," he

said. So the glutamate problem may result from a nitric oxide deficiency. To explore that angle, he is also measuring levels of nitric oxide as well as the activity of its precursor, nitric oxide synthase. "Maybe glutamate is working fine up to this point and nitric oxide is not made in proper quantities," Dr. Brann said. "Or, maybe the nitric oxide is made properly but the GnRH neuron doesn't respond properly, so we are talking about receptors again.

"The fact is we don't really know that much about the aging brain," he said. "We see deficits, such as loss of reproductive function, as abnormal. I think this is probably a normal process, but we want to explain in detail the aging brain's role in infertility in women."



Dr. Robert K. Vartanian in lab with Kimberly Smith, chief histotechnologist

Lab Provides Basic Tissue Services

The Medical College of Georgia Department of Pathology has established an Auxiliary Research Laboratory to prepare and stain tissue for basic and clinical research.

"We are set up to do the kind of work that other labs may not have the facilities or personnel to do or which could be very costly for them because of comparatively small volume," said Dr. Robert K. Vartanian, anatomic pathologist who directs the lab with Dr. Richard B. Hessler, also an anatomic pathologist.

The laboratory, located in MCG's Murphey Building, can prepare and stain a large volume of human and animal tissue, Dr. Vartanian said. "This type of service—a small laboratory dedicated to immunohistochemistry and histochemistry for research purposes—is certainly rare," he said.

The service is available to MCG faculty and staff and other regional research facilities.

Prices can be negotiated based on the volume and types of services needed; profits from fees are filtered back to the lab for new equipment or to support new research projects in the Department of Pathology that are still too small to secure outside funding, Dr. Vartanian said.

Services offered by the lab include processing and embedding in paraffin, making unstained slides from an existing paraffin block, making hematoxylin and eosin slides from a paraffin block, frozen sections, special histochemical stain, immunohistochemical stain and preparation of publication-quality photomicrographs as well as developing an antibody protocol.

For more information, call (706) 721-3111.

DNA Bank Shedding Light on Alzheimer's

Toni Baker

A Medical College of Georgia researcher has found tiny flaws on three chromosomes in patients with the most common type of Alzheimer's disease.

These flaws pave the way to identify the genes responsible for late-onset Alzheimer's, in which symptoms begin after age 65, and to develop better ways to diagnose and treat the disease, said neuroscientist Shirley E. Poduslo.

Dr. Poduslo found the flaws studying DNA donated by Texas families affected by late-onset Alzheimer's while she was director of basic research for the Department of Neurology at Texas Tech University Health Sciences Center in Lubbock. Her research was published in the December issue of the British journal, *NeuroReport*.

Now Dr. Poduslo, who joined the MCG faculty in November, has established a DNA bank for patients and their families from throughout Georgia and South Carolina to enable future studies of Alzheimer's disease, which affects about 4 million Americans with a health care tab of $80 billion annually. "If you live to be 65, you have a 5 percent chance of developing Alzheimer's disease," Dr. Poduslo said. "If you live to be 85, you have a 50 percent chance. If you have a family history, there is an increased risk, no doubt about it. As our baby boomers age and retire, we are going to have a national crisis on our hands."

In Texas, she enrolled nearly 500 patients in her state-funded DNA bank, collecting family histories, medical records and blood samples. Several genetic mutations have been linked to early-onset Alzheimer's disease, and Dr. Poduslo uncovered genetic links to late-onset Alzheimer's disease as well.

Armed with DNA from 15 extended families with late-onset disease, Dr. Poduslo

studied chromosome 19; APOE is a gene on the lower half of that chromosome. "We started looking at genes upstream and downstream of APOE," and as they looked, they found that the disease in some of the families was linked to markers downstream from APOE. This indicates that Alzheimer's disease—even the subset of late-onset—can be subdivided into still more categories, information that may be critical to improved diagnosis and treatment.

"I assumed naively that all families would be linked with a mutation in one gene because Alzheimer's was one disease," she said. "That is not what we are finding. We have three families with the disease linked with markers on chromosome 12. We have four families linked with markers on chromosome 19 and we have one family linked with markers on chromosome 3. What that means is, yes, Alzheimer's definitely is genetic in these families and there are probably multiple causes for this disease," she said, noting there is no known relationship between chromosomes 19, 12 and 3.

She also mathematically analyzed key factors such as the age of onset of first symptoms, gender and disease progression up through final autopsy analysis of the resulting plaques and neuronal tangles in the brains of these patients.

Dr. Shirley E. Poduslo

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"Age of onset is becoming very important in our studies; when did the symptoms first start?" she said. The first symptoms and the stages of the disease—such as trouble with words, uncontrollable outbursts and slow movement—also seem to better define the disease.

"We now have to go back and identify the mutated genes," she said. "Once we identify the mutated genes, we are going to be able to start to correlate all of this. For example, chromosome 19 may affect people more when they are over age 75 and they may have more problems with outbursts of anger and an increased number of plaques in certain areas of the brain. We are going to be able to start subdividing this disease into specific groups."

Dr. Stern Named Dean

Toni Baker

Dr. David Mark Stern, a hematologist who directs the Center for Vascular and Lung Pathobiology at the College of Physicians and Surgeons of Columbia University, has been named dean of the Medical College of Georgia School of Medicine and senior vice president for clinical activities for the university.

Dr. Stern, who also is director of the Juvenile Diabetes Research Foundation Center on the Vascular Complications of Diabetes and chief of the Division of Surgical Science, a research division within the Department of Surgery at Columbia, will begin April 18.

"I am extremely pleased that Dr. David Stern has agreed to serve as medical school dean and senior vice president," said MCG President Daniel W. Rahn. "He has achieved international recognition for his accomplishments as a physician-scientist and has mentored countless young faculty who have gone on to productive careers. His clear strengths as a researcher and leader directing multiple, major research centers and initiatives make him an excellent choice for our new medical school dean.

"I want to thank Search Committee members, especially Chairman Joseph Hobbs, for their diligence in identifying Dr. Stern as well as other excellent candidates for this important position. I also absolutely want to thank Dr. Betty B. Wray, interim dean since July 2000, who continued to serve as dean on a voluntary basis even after her official retirement June 30," Dr. Rahn said. "Dr. Wray's obvious commitment to her school and profession reflects the quality of this university and the people who work here."

Dr. Stern is a Gerald and Janet Carrus Professor of Surgical Sciences and of Physiology and Cellular Biophysics at Columbia. He is a member of the American Society of Clinical Investigation and the Association of American Physicians. He received an Established Investigator Award from the American Heart Association in 1987 and was named a fellow of the association's Council on Arteriosclerosis in 1992; most recently he chaired a session on "Regulation of Coagulation" at the association's 1999 meeting in Atlanta. He co-organized the European Association for the Study of Diabetes-Juvenile Diabetes Foundation International meeting on "Microvascular and Macrovascular Disease in Diabetes" in Oxford, England in 2001.

Dr. Stern and the multidisciplinary research group he directs have received Program Project Grants from the National Institutes of Health and currently hold multiple grants from the NIH, foundations and private industry. Dr. Stern holds nine patents and directs a postdoctoral training program in mechanisms of cardiovascular disease. He received an NIH MERIT Award in 2000.

He is a 1978 graduate of Harvard Medical School and completed an internal medicine residency and hematology fellowship at Columbia University. Except for two years spent at the Thrombosis/Hematology Research Program of the Oklahoma Medical Research Foundation in Oklahoma City, Dr. Stern has spent his career on the faculty of Columbia University.

Center Targets Teaching Skills

Toni Baker

As a child growing up in Cedartown, Ga., Dr. Carol Nichols would place her stuffed animals behind a desk and teach.

"I played school," said Dr. Nichols. "I had a blackboard and all my little books." As she grew, she took her own place behind the desk, culminating with graduate school at the Medical College of Georgia. Last year, she resumed her position in front of the class, teaching gross anatomy to MCG medical, dental, physician assistant, sonography, respiratory and medical illustration students.

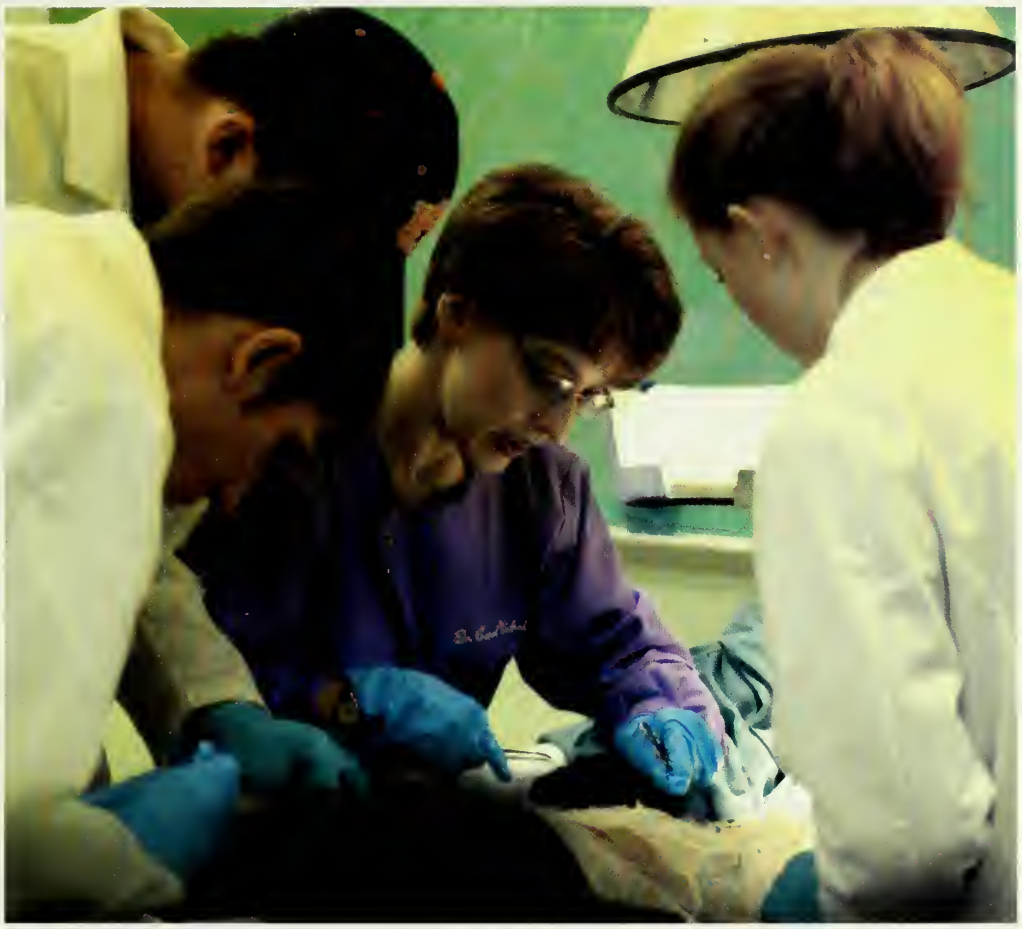
"The thing that I like best about teaching is when students come back six months later and say, 'Thank you for making me learn that,' or when they come back just to say hello," said Dr. Nichols. "I enjoy teaching so much that I don't see it as a responsibility. I see it as a privilege. It's not just standing up in front of 190 students for an hour. It's going to the lab after hours and helping them when they come by my office. It's thinking of new ways to teach something."

As an MCG graduate student, she learned from anatomy professors with 100 years of collective experience—professors such as Dr. Dave Welter. "He made everything so much fun and make so much sense. He made learning about the human body exciting because he was excited about it," she said of Dr. Welter, a fellow MCG alumnus and associate professor emeritus. "I have been very fortunate to learn and attempt to hone my teaching style from some of the best instructors around," she said, citing as examples Drs. Mike Barrett, Sylvia Smith and Tom Gale.

But when it was time to follow in their footsteps, Dr. Nichols said she was "petrified" making those first steps to the front of the class. So she turned to the year-old School of Medicine Center for Educational Excellence.

The center, a collaborative project with the Institute for Higher Education at the University of Georgia, offers a steadily increasing number of courses and information to help new and experienced teachers alike.

"Most medical faculty are high-educational consumers," said Dr. Donald A. Misch, center director. "We spend most of our lives getting educated. But few of us are taught much about how to teach. Our primary experience or basis for teaching is having been taught a lot. Part of our goal was to more systematically help faculty learn how to be better teachers."



Dr. Carol Nichols teaches students in lab

The center helps teachers learn to teach and assess students and master various educational approaches. "We've never had a system for teaching teaching," said Dr. Peggy J. Wagner, the center's associate director. "Now we offer a smorgasbord of teaching skill opportunities from which individual faculty can pick and choose in order to meet their own goals."

The center is developing "theme teams" that pull together faculty with the same interests, such as physician and patient communication and cultural competency, that will actually generate information about how students learn. The affiliation with UGA enables this type of work as it opens the door for faculty who want to pursue degrees in education.

The center also teaches teachers how to document their education roles and present evidence of the quality and impact of their contributions, an effort critical to rewarding teaching in the faculty promotion and tenure process. "We cover broad areas like understanding and negotiating the promotion and tenure process, how to document your contributions in education through the use of an educator's portfolio," said Dr. Ruth Marie-Fincher, vice dean for academic affairs for the School of Medicine. "We have such a tremendous opportunity to help many new faculty develop broadly in terms of the teaching that is going to be expected of everyone."

Dr. Nichols said the center has been invaluable. "Whenever there is a seminar that I feel will help me, I go. I know if there are things they don't cover, I can go to Dr. Misch and say, 'What about this?' To get up in front of 190 students who are every bit as smart as you are and to try to teach effectively? That would be an overwhelming task without the Center for Educational Excellence."

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Dr. Peiper Named Pathology Chairman

Toni Baker

Dr. Stephen C. Peiper, director of the Henry Vogt Cancer Research Institute of the James Graham Brown Cancer Center at the University of Louisville School of Medicine in Kentucky and vice chairman of the university's Department of Pathology, has been named chairman of the Medical College of Georgia Department of Pathology.

"Dr. Peiper is a renowned physician-scientist whose work in cancer will greatly enhance the development of cancer research at MCG," said MCG President Daniel W. Rahn. "He brings broad experience to his leadership role as chairman of pathology and a perspective that will enable him to link our clinical and research efforts."

"I am very excited about Dr. Peiper's appointment," said Don Snell, president and chief executive officer of MCG Health, Inc. "I am confident that he will take our Department of Pathology to a higher level of quality and by doing so will help us reach our goal of becoming one of the top academic medical centers in the nation."

Dr. Peiper is a 1977 graduate of St. Louis University School of Medicine in Missouri. He completed his pathology residency and a fellowship in hematopathology at the University of North Carolina at Chapel Hill.

Dr. Caruana Named to MCG Health, Inc. Post

Dr. Ralph J. Caruana has been named MCG Health, Inc.'s senior vice president for medical affairs and chief medical officer for MCG Hospitals and Clinics. Incoming School of Medicine Dean David Mark Stern also named him vice dean for clinical affairs.

"Dr. Caruana brings tremendous clinical and administrative skills to the organization and will help us further our mission to become a world-class academic medical center," said MCG Health, Inc. President and Chief Executive Officer Don Snell.

Dr. Caruana has been on the MCG faculty for 16 years and has served as section chief in nephrology and chief of medical service at the Augusta Department of Veterans Affairs Medical Center. He will continue to serve as interim chairman of the Department of Medicine. He is board certified in internal medicine and nephrology.

Dr. Bennett Dies at Age 78

Dr. James Bennett, a 1946 graduate of the Medical College of Georgia School of Medicine and longtime professor in the Department of Pediatrics, died Nov. 3 at age 78.

After earning his medical degree, Dr. Bennett completed an internship at Jackson Memorial Hospital in Miami and served in the U.S. Army Medical Corp. He completed his residency in pediatrics at MCG and at Babies Hospital of Columbia Presbyterian Medical Center in New York. He became professor of pediatrics at MCG in 1972. Dr. Bennett chaired the Department of Pediatrics at University Hospital. He was a member of the Richmond County Medical Society, the American Academy of Pediatrics and the Southern Perinatal Society.

In 1995 MCG established The Bennett-Green Lectureship in honor of his educational contributions. He also received the 1997 Distinguished Alumnus Award from the Alumni Association of the School of Medicine, the 2001 Civic Endeavor Award from the Richmond County Medical Society 2001 and title of First Honorary President of Children's Medical Center Executive Committee.

Dr. Green, Regents Professor, Dies

Dr. Keith Green, Regents professor of ophthalmology at the Medical College of Georgia who retired in 2000 after 26 years of service, died Nov. 22 at age 61.

A native of England, Dr. Green earned his Ph.D. and D.Sc. degrees from the University of St. Andrews in Scotland. He worked at Johns Hopkins Hospital from 1964 to 1974, then joined the MCG faculty as director of ophthalmology research. He was appointed the third Regents professor in the history of MCG in July 1978 at age 37.

During his career, Dr. Green served on national and international professional groups and lectured throughout the world. He published more than 330 articles in scientific journals and contributed to 30 books on topics in eye research.

Strength Training Linked to Arthritis Relief

Ellen Gladden

Strength training reduces pain and increases functioning for osteoarthritis patients, according to a Medical College of Georgia researcher.

Dr. Robert Topp, Kellett chairman and associate dean for research in the MCG School of Nursing, recently completed a three-year study of adults diagnosed with knee osteoarthritis, a painful form of degenerative arthritis. The study assessed the pain, function, knee joint proprioception, gait characteristics and quadriceps strength of 135 participants. Subjects were randomly placed in one of three groups for a 16-week regimen: an isometric strength training group, a dynamic strength training group and a no-exercise group.

His findings, citing extensive benefits from the exercise, will be published in an upcoming edition of *Archives of Physical Medicine and Rehabilitation.*

"Osteoarthritis of the knee affects 10 percent of all adults. Eighty percent of senior adults have osteoarthritis. If we all live long enough, we all have a good chance of getting this disease," said Dr. Topp, who has studied health education and exercise physiology for over 12 years. "Surgery or pain medication have been the most common methods to reduce the pain and increase functioning."

Dr. Robert Topp

After thrice-weekly sessions of 20 to 30 minutes of exercise, participants in both exercise groups showed about a 20 percent increase in physical functioning and about a 50 percent decrease in pain. Other findings suggest that both types of exercise may have an impact on reducing both medication consumption and orthopedic surgery.

"There are many other health problems that result from osteoarthritis. The pain leads patients to reduce their activity, which in turn contributes to obesity, cardiovascular disease and other diseases or inactivity," said Dr. Topp. "Taking pain medication associated with this disease also results in health problems. Thirty to 40 percent of our subjects came to this with stomach problems which may be associated with their long-term consumption of pain medications."

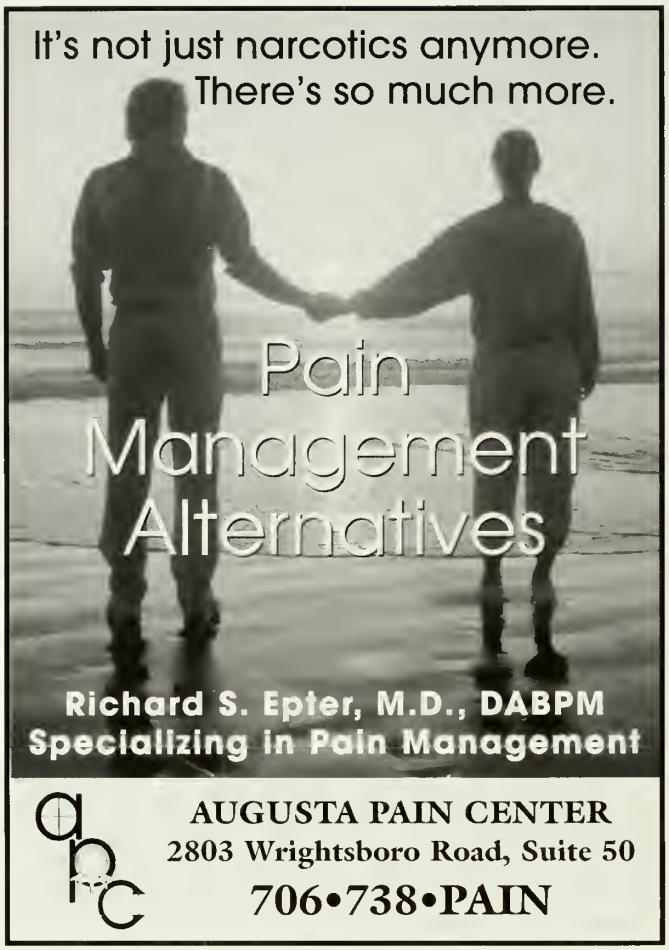
Since most adults are diagnosed with osteoarthritis in their 40s and many require surgery by their 60s, Dr. Topp's study suggests regular strength training could delay the onset of this painful disease and the need for surgery.

Nursing Researcher Receives Award

Christine Hurley Deriso

Dr. Lore K. Wright, recently deceased chairwoman of the Medical College of Georgia Department of Mental Health and Psychiatric Nursing, received an award posthumously for her work to help ease the burden of Alzheimer's patients' caregivers.

Dr. Wright, who died Jan. 31, was honored with a 2001



Sigma Theta Tau International Research Award. Sigma Theta Tau is the international honor society of nursing. The award honors Dr. Wright's research determining the benefits of nurses' teleconferences with the often isolated care-givers of those with Alzheimer's disease and other forms of dementia.

She and her colleagues made weekly videophone calls over several weeks to care-givers—mostly spouses—of Alzheimer's patients living at home. The nurses offered emotional support and practical tips for how to deal with symptoms of the disease, including forgetfulness and wandering.

"Dr. Wright's work on the use of teleconferencing with families helped people with dementia to remain at home and reduced the burden of care-giving on their families," said Dr. Ann M. Kolanowski, chairwoman of the Department of Adult Nursing. "The approach she used was innovative and needed in medically underserved rural areas."

Nursing Students Learn from Older Adults

Ellen Gladden

Medical College of Georgia School of Nursing students recently donated their time to assist older adults in the Athens area.

Juniors at MCG's Athens campus hosted a health fair at the Athens Area Council on Aging Nov. 29. Along with several faculty members and medical professionals from Athens Regional Medical Center, the 30 future nurses checked blood pressure, hearing, vision and glucose levels. Nutrition information and instructions for performing self breast examinations were also available.

"We're here to assist with the health problems that mature adults eventually encounter," said Christy Berding, assistant professor in adult nursing on MCG's Athens campus. "Along with hearing and seeing issues, there are also family issues that are important to address since that is the way our population is growing now."

Dozens of people attended the biannual health fair, many of whom were provided transportation by the Athens Area Council on Aging. One participant, Eleanor Harper, was grateful for the opportunity to have a checkup. "I think it's very nice that they are here today. It's important to keep up with your blood sugar and pressure because things change from day to day. When you get older you get more things wrong with you. That's just the way it is," said Ms. Harper with a smile.

Students say the event provided a means of first-hand learning that was beneficial in their training to become health care professionals.

"It's fun because you (get) to actually apply the things we learn to people rather than just hearing about it in the classroom," said MCG junior Kari Murrow.

Students Inducted

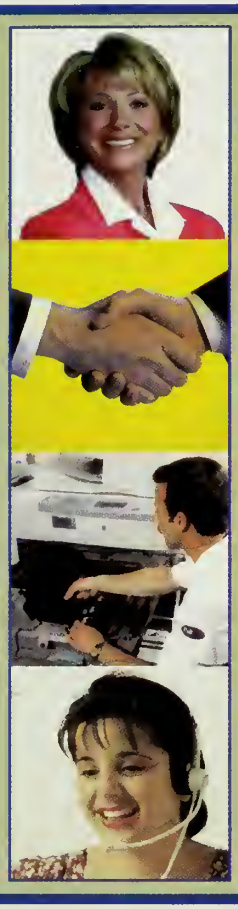
The Beta Omicron Chapter of Sigma Theta Tau, the national nursing honor society, recently inducted several Medical College of Georgia Students.

Undergraduate inductees from the School of Nursing Augusta campus are Terese Danielle Acker, Nikki Racquel Battle, Holly Nicole Cartey, Kylie Renee Carver, Terri Lynn DeFusco, Amanda Dawn Fuller, Pamela Dee Griffin, Haewon Rita Hahn, Shannon Leigh Hayes, Hanna Louisa Josephine Klinker, Ann Beecher Knight, Janet Lynne Long, Tiffany Lynne Long, Tiffany Michelle Lyle, Jennifer Brooke Newton, Julie Amanda Nichold, Amanda Hope Pippin, Sarah Sabri Shaffer, Marty Dale Wallace, Taushera Westbrook and Tara Lee Wittler.

Undergraduate inductees from the Athens campus are Jessica Lyn Albano, Frances Tucker Austin, Alison Martell Bosnich, Kimberly Allison Clay, Brandi Elaine Dingler, Nicki Ann Ellis, Kathryn Brooke Girardeau, Dia Brionne Gordon, Ellen Elizabeth Hamrick, Serena Rochelle Holder, Alida Chanler Hudson, Katherine C. Ramsey, Wendy Anita Royal, Christi Johnette Ruff, Pamela Agnes Willi, Lias Marie Willis and Martha Delle Wilson.

Graduate student inductees are Wendy Kathleen Andrews, Joan Gleba Carpenter, Kimberly Ann George, Kaye Herring Hahn and Mary Lucas Patterson.

Also inducted were the following R.N.-to-B.S.N. students: Patricia Bertram-Arnette, Natacha Yvonne Ballard, Linda Harper Doyle, Carrie Jan Knott, Alyson S. Lulham and Natasha N. Parker.



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